

**PHYSICAL EXAMINATION REPORT**

Patient Name	— Anbita V. Dhole	Sex/Age	— 32 yrs. / F
Date	08/03/2024	Location	Thane Ghodbundar road

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	— 151	Temp (0c):	Ⓚ
Weight (kg):	— 74	Skin:	Acne.
Blood Pressure	140/80	Nails:	
Pulse	76 / min	Lymph Node:	NAD.

**Systems :**

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** ↓ GFR, ↑ Chol, ↓ HDL, ↑ LDL, ↑ Non HDL

**Advice:** Low Fat Diet + Monitor B.P.  
 - Reg. Exercise  
 - Repeat Lipid Profile, GFR (6 months)

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

**PERSONAL HISTORY:**

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

*(Handwritten signature)*  
 9/3/25

**Dr. Manasee Kulkarni**  
 M.B.B.S

2005/09/3439



Date:- 8/13/24  
 Name:- Ankita Vishob Dhole  
 CID: 2406818162  
 Sex / Age: F-32

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R 2/6 L 2/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
 SIV. OPTOMETRIST



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CID : 2406818162  
Name : MRS.ANKITA VISHAL DHOLE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Mar-2024 / 09:47  
Reported : 08-Mar-2024 / 11:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.77	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.9	36-46 %	Measured
MCV	83.7	80-100 fl	Calculated
MCH	26.0	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8670	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	27.8	20-40 %	
Absolute Lymphocytes	2410.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	580.9	200-1000 /cmm	Calculated
Neutrophils	60.8	40-80 %	
Absolute Neutrophils	5271.4	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	407.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	294000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	Mild		
Microcytosis	Occasional		





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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 19 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 G B Road Lab, Thane West

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Reported : 08-Mar-2024 / 14:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	14.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	97.1	35-105 U/L	PNPP
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.51-0.95 mg/dl	Enzymatic





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Collected : 08-Mar-2024 / 13:51  
Reported : 08-Mar-2024 / 18:07

eGFR, Serum	89	(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	3.7	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Reported : 08-Mar-2024 / 13:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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Collected : 08-Mar-2024 / 09:47  
Reported : 08-Mar-2024 / 16:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 G B Road Lab, Thane West

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

*W. Kulkarni*  
**Dr. VANDANA KULKARNI**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**Refernces:**

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

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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Name : MRS. ANKITA VISHAL DHOLE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	203.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.3	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	32.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	171.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	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	27.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.5	0-3.5 Ratio	Calculated

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

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Reported : 08-Mar-2024 / 12:38

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.2	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	1.86	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA





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Reported : 08-Mar-2024 / 12:38

**Interpretation:**

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

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 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 \*\*\*

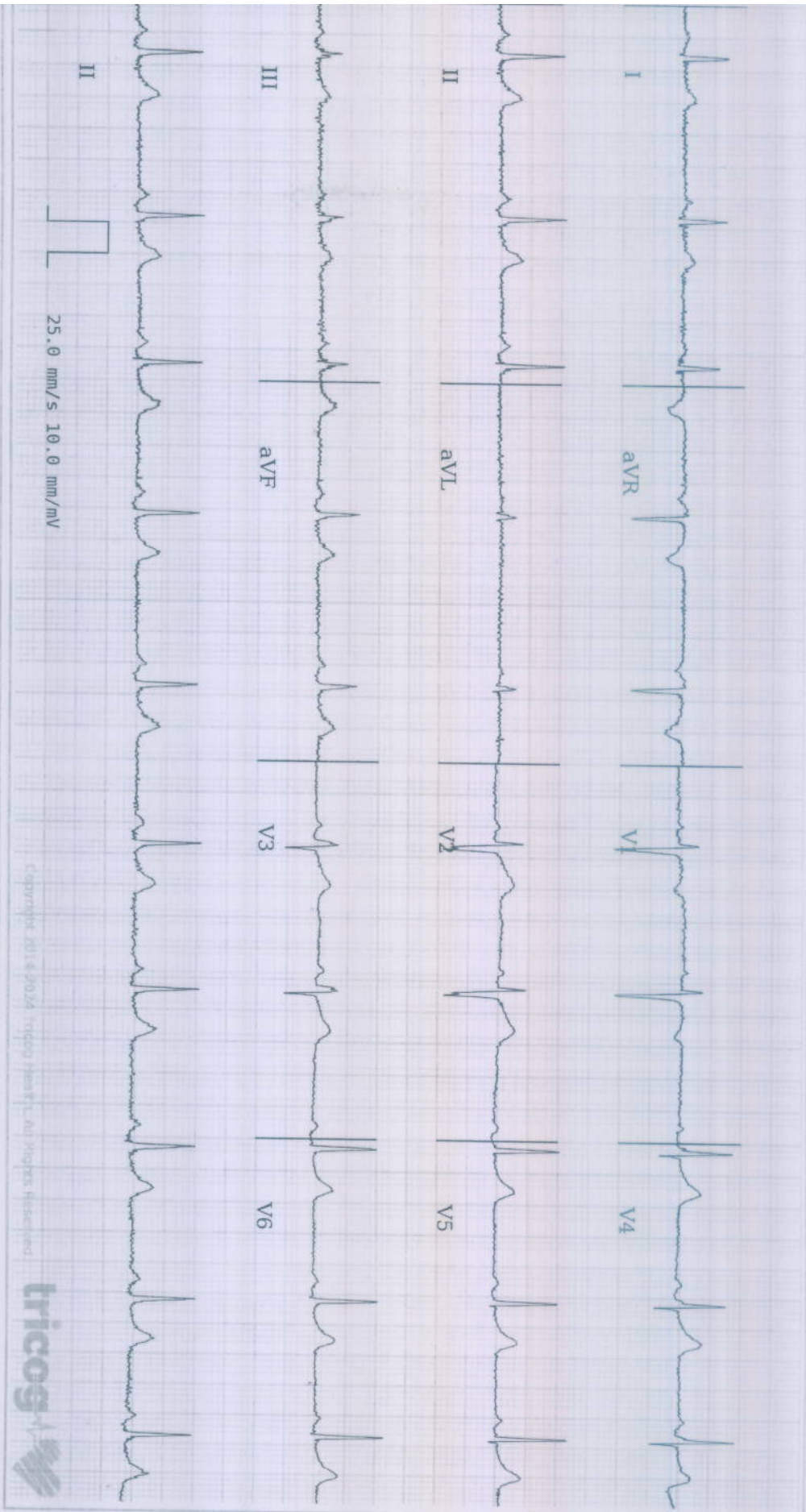
*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Patient Name: ANKITA VISHAL DHOLE  
Patient ID: 2406818162

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: 8th Mar 24 10:47 AM



Age 32 NA NA  
years months days

Gender Female

Heart Rate 61bpm

Patient Vitals

BP: 140/80 mmHg

Weight: 74 kg

Height: 161 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 80ms

QT: 386ms

QTcB: 388ms

PR: 134ms

P-R-T: 60° 55° 61°

ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

REPORTED BY

*Signature*

DR SHAULAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Heart rate is as derived by the algorithm and not derived from the ECG.







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Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Mar-2024  
Reported : 08-Mar-2024 / 11:19

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.1 x 3.7 cm. Left kidney measures 9.6 x 4.4 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is 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 and measures 6.4 x 4.6 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030809324743>



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**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email: \_\_\_\_\_

Report



1093 (2406818162) / ANKITA VISHAL DHOLE / 32 Yrs / F / 169 Cms / 74 Kg  
 Date: 08 / 03 / 2024 12:31:31 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	076	40%	120/80	091	00	
Standing	01:11	1:00	00.0	00.0	01.0	086	46%	120/80	103	00	
HV	01:22	0:11	00.0	00.0	01.0	081	43%	120/80	097	00	
ExStart	01:34	0:12	00.0	00.0	01.0	072	38%	120/80	086	00	
BRUCE Stage 1	04:34	3:00	01.7	10.0	04.7	136	72%	130/80	176	00	
BRUCE Stage 2	07:34	3:00	02.5	12.0	07.1	155	82%	150/80	232	00	
PeakEx	07:48	0:14	03.4	14.0	07.4	160	85%	160/80	256	00	
Recovery	08:48	1:00	00.0	00.0	01.1	116	62%	130/80	150	00	
Recovery	08:57				00.0	000	0%	130/80	000	00	

**FINDINGS :**

Exercise Time : 06:14  
 Initial HR (ExStrt) : 72 bpm 38% of Target 188  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 7.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -0.4 mm in Stage 1  
 History : No  
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 160 bpm 85% of Target 188  
 Max BP Attained 160/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI





Email: 1093/ANKITA VISHAL DHOLE / 32 Yrs / F / 169 Cms / 74 Kg Date: 08 / 03 / 2024 12:31:31 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 86.0 bpm, and the maximum predicted Target Heart Rate 188.0. The BP increased at the time of generating report as 160.0/80.0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

RNO. 49972

Doctor : DR. SHAILAJA PILLAI



1093 (2406818162) / ANKITA VISHAL DHOLE / 32 Yrs / F / 169 Cms / 74 Kg / HR : 76



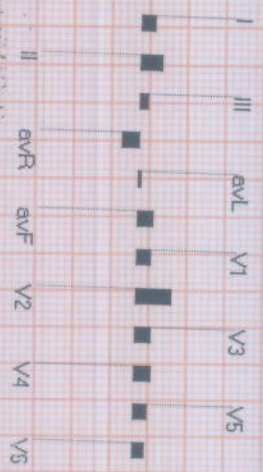
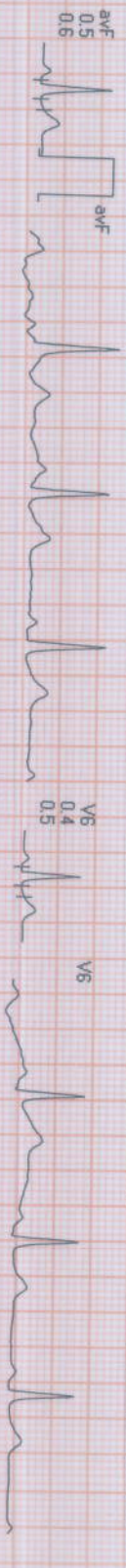
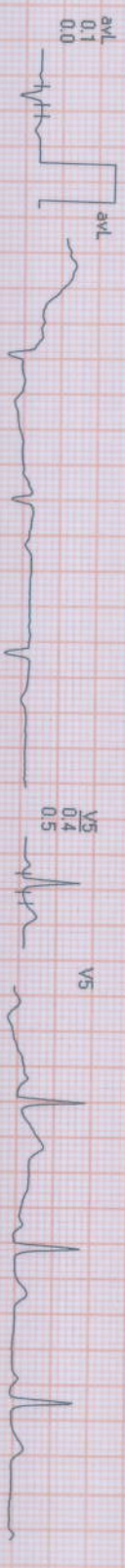
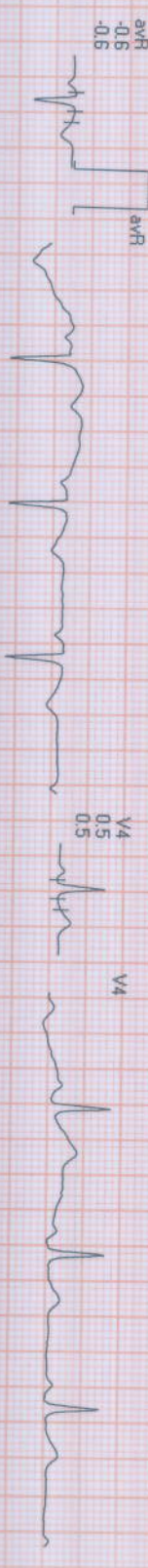
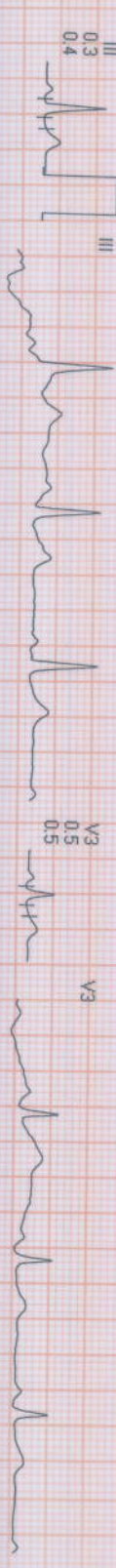
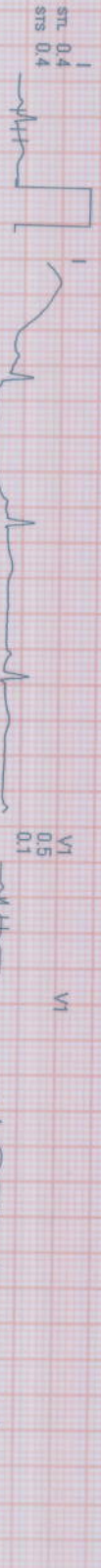
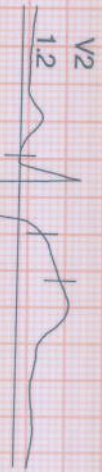
Date: 08 / 03 / 2024 12:31:31 PM

METS: 1.0 / 76 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

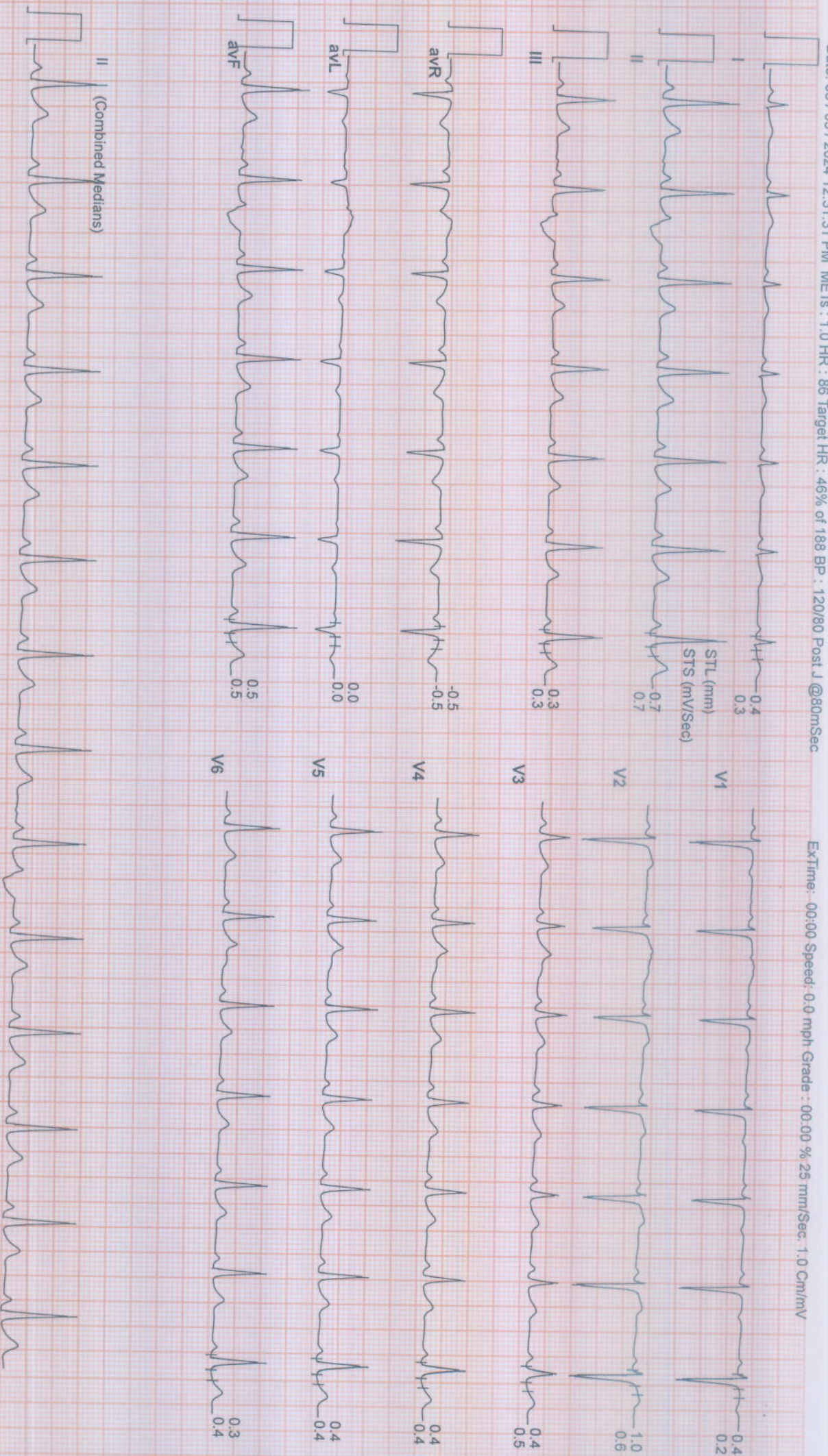
1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

Date: 08 / 03 / 2024 12:31:31 PM METs : 1.0 HR : 86 Target HR : 46% of 188 BP : 120/80 Post J @80mSec

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



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





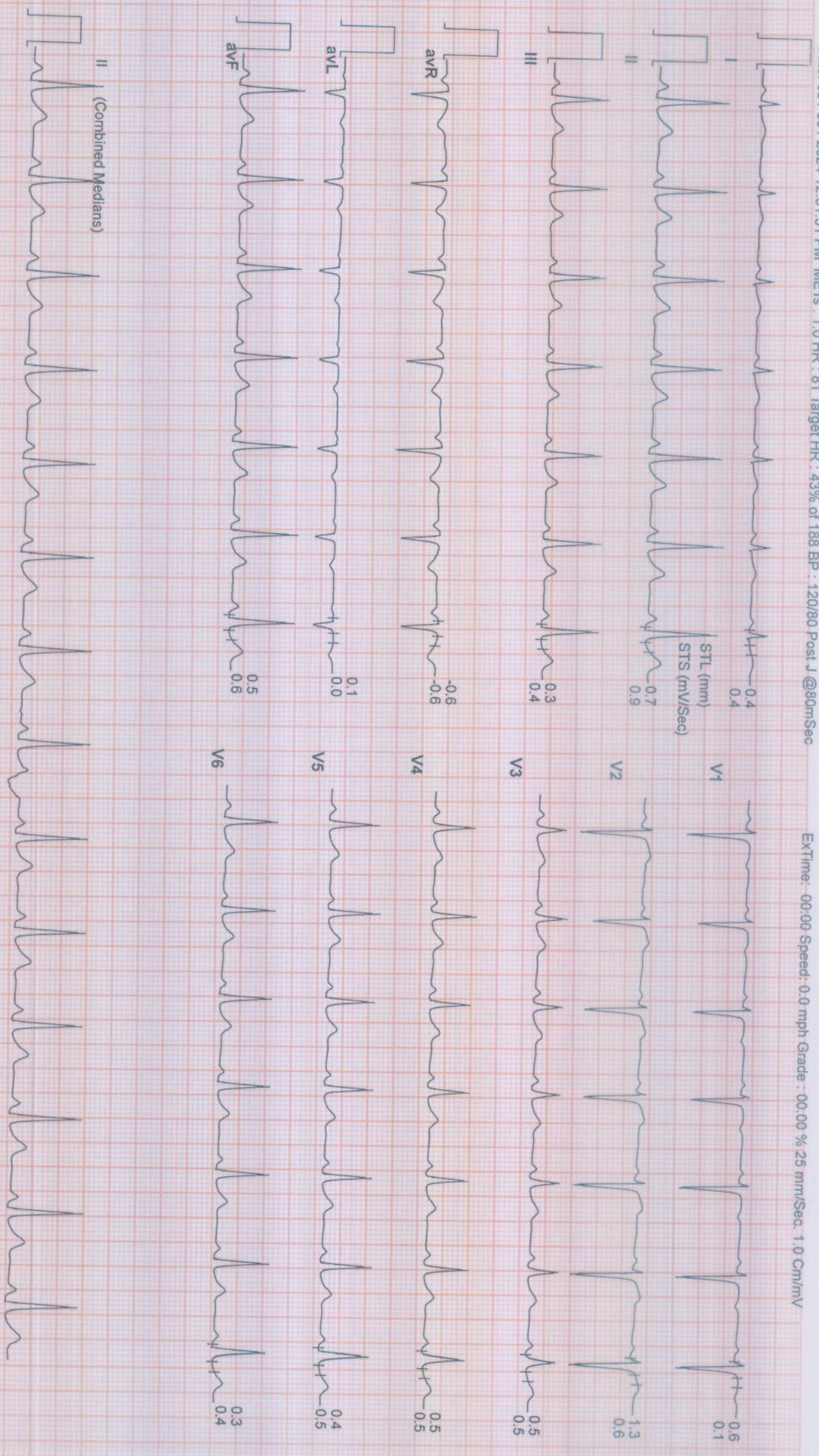
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

Date: 08 / 03 / 2024 12:31:31 PM METs : 1.0 HR : 81 Target HR : 43% of 188 BP : 120/80 Post J @80mSec

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

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





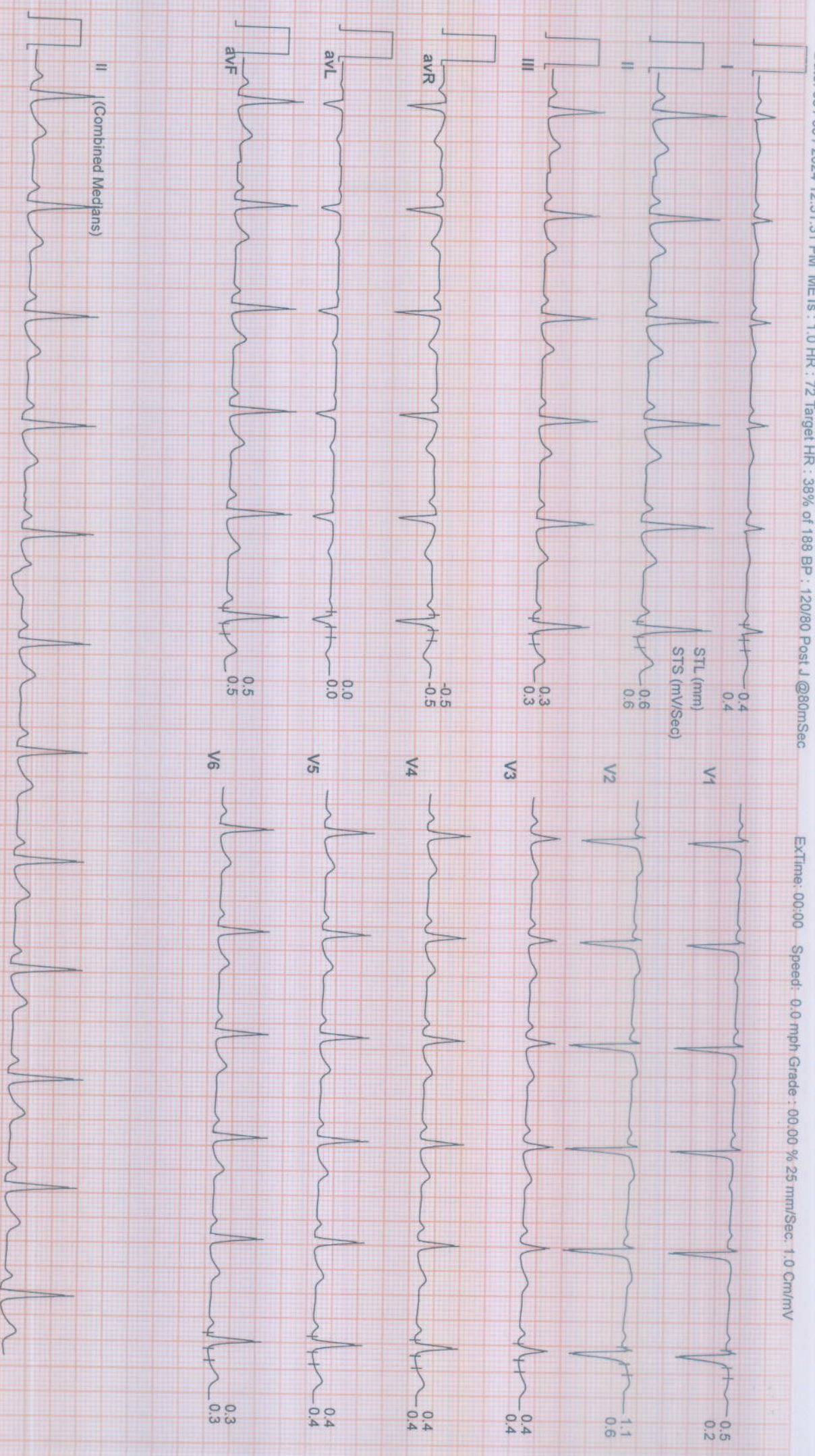
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

Date: 08 / 03 / 2024 12:31:31 PM METs : 1.0 HR : 72 Target HR : 38% of 188 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

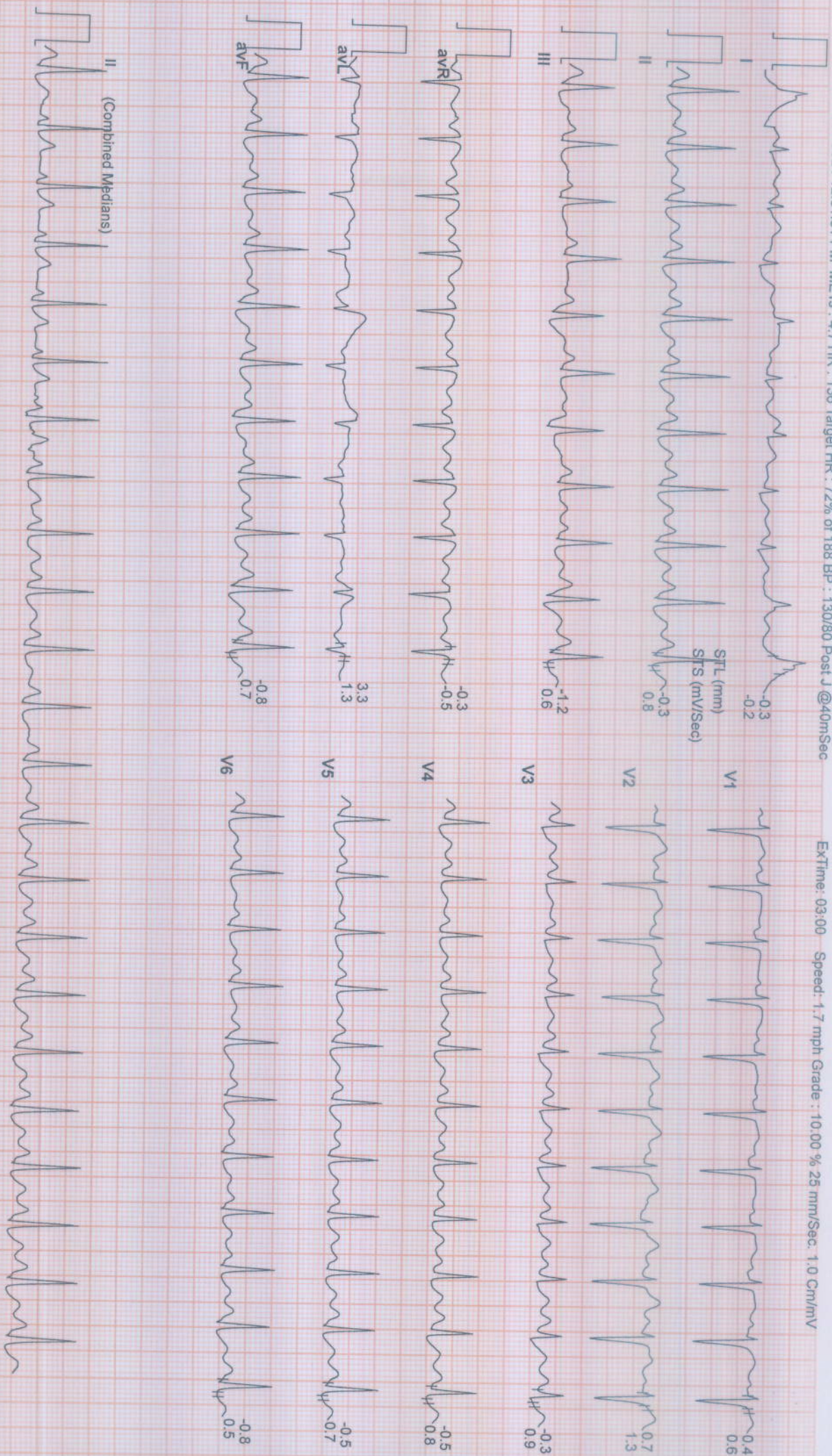
1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

Date: 08 / 03 / 2024 12:31:31 PM METs : 4.7 HR : 136 Target HR : 72% of 188 BP : 130/80 Post J @40mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

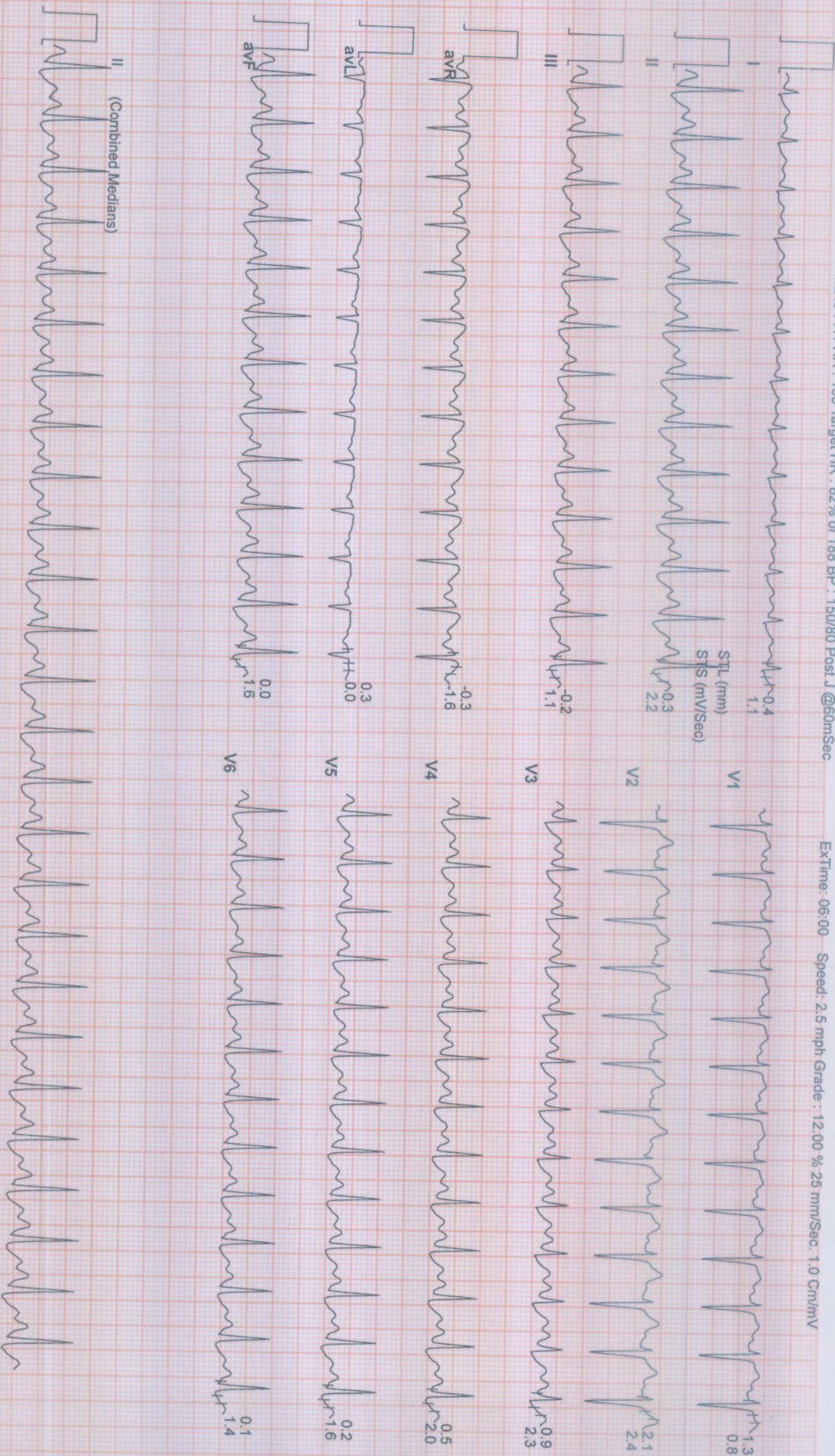
Date: 08 / 03 / 2024 12:31:31 PM METs : 7.1 HR : 155 Target HR : 82% of 188 BP : 150/80 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1093 / ANKITA VISHAL DHOLE / 32 Yrs / Female / 169 Cm / 74 Kg

Date: 08 / 03 / 2024 12:31:31 PM METs : 1.1 HR : 121 Target HR : 64% of 188 BP : 130/80 Post J @70mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



ExTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

