

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mrs. Laxmi Kamble	Sex/Age	37 / (F)
Date	29 Mar 24	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	156	Temp (0c):	(T)
Weight (kg):	65	Skin:	
Blood Pressure	120/80	Nails:	NAD
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↓ Hb, ↑ ESR (50)

USG - Rt. Ovarian hemorrhagic cyst.

- Iron Supplement  
- Gynaec Consultation

**Advice:**

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

**PERSONAL HISTORY:**

1)	Alcohol	Nil
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

OCC.

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





CID : 2408912932  
Name : MRS.LAXMI KAMBLE  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 09:11  
Reported : 29-Mar-2024 / 11:27

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	9.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.0	36-46 %	Measured
MCV	78.5	80-100 fl	Calculated
MCH	23.3	27-32 pg	Calculated
MCHC	29.6	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7370	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	28.8	20-40 %	
Absolute Lymphocytes	2122.6	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	523.3	200-1000 /cmm	Calculated
Neutrophils	62.1	40-80 %	
Absolute Neutrophils	4576.8	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	147.4	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	366000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	12.6	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                      50                      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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.26	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	25.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.3	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	23.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.55	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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Collected : 29-Mar-2024 / 13:57  
Reported : 29-Mar-2024 / 16:38

eGFR, Serum	121	(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	4.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
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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**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 \*\*\*

*J. Mujawar*

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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	35	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-10		
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 \*\*\*

*Vandana Kulkarni*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist





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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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

*J. Mujawar*  
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M.D ( Path )  
Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	186.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.0	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	57.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	129.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.7	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

\*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**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	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	1.9	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA





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**Interpretation:**

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

**Clinical Significance:**

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

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

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

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M.D ( Path )  
Pathologist

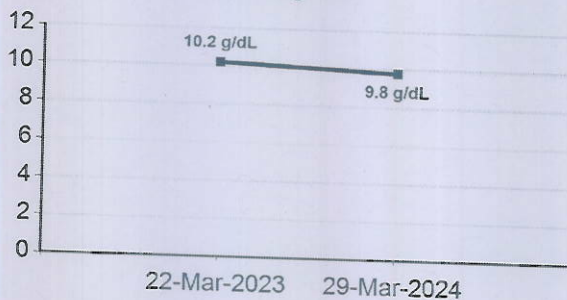




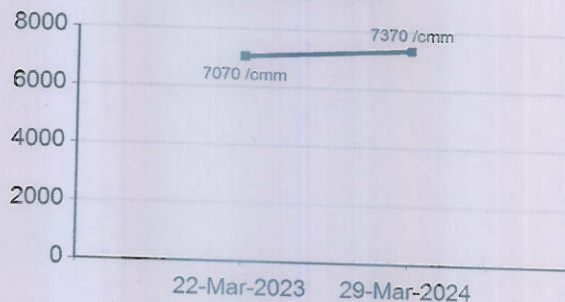
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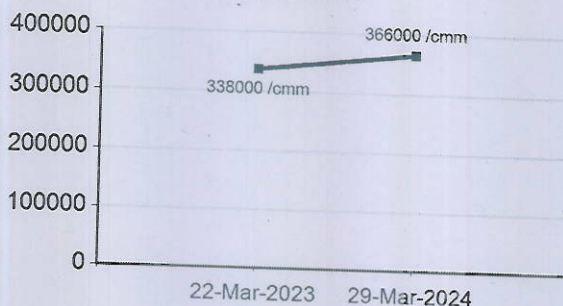
**Haemoglobin**



**WBC Total Count**



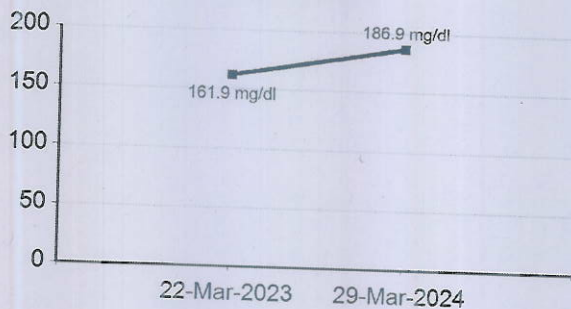
**Platelet Count**



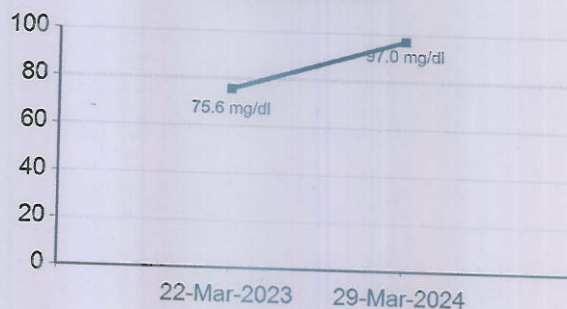
**ESR**



**CHOLESTEROL**



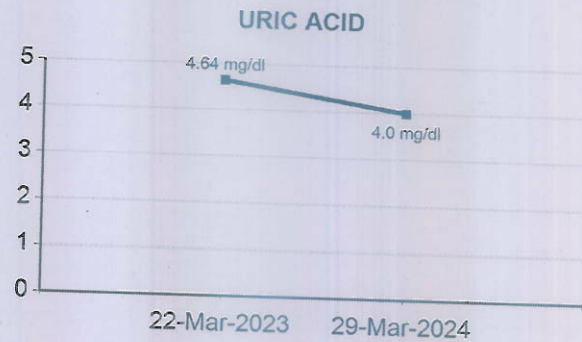
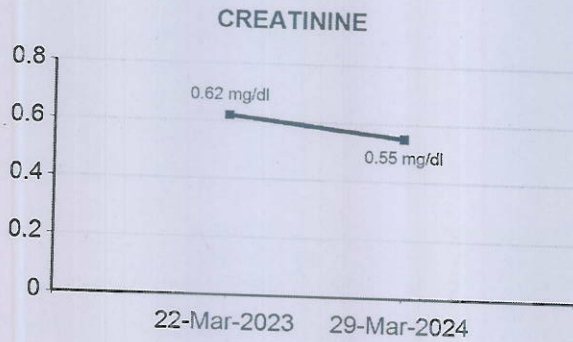
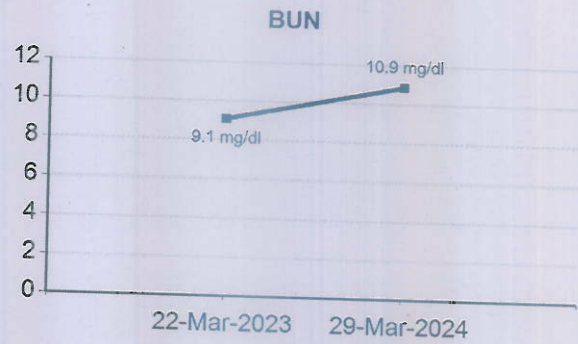
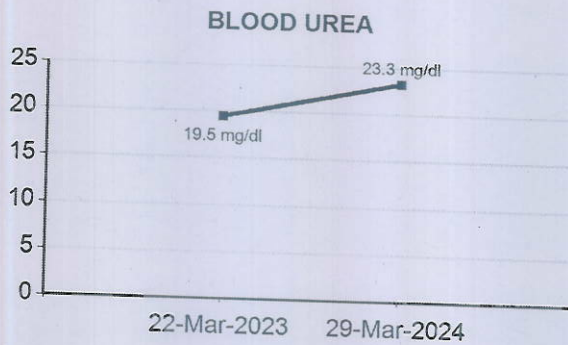
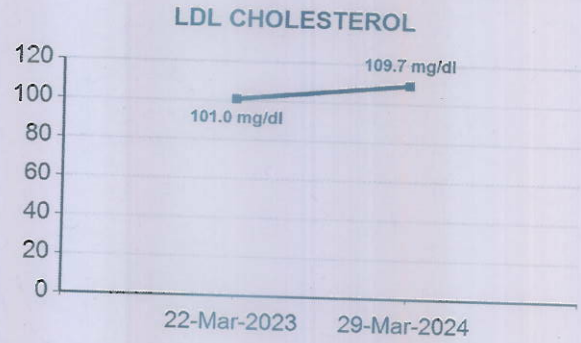
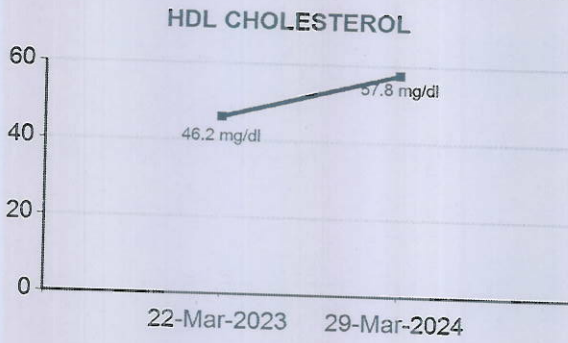
**TRIGLYCERIDES**







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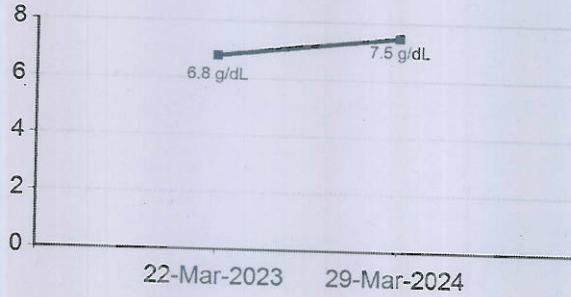






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**TOTAL PROTEINS**



**ALBUMIN**



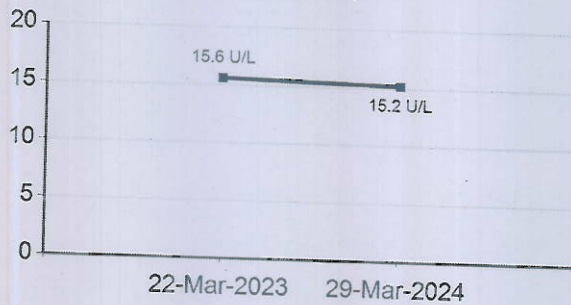
**GLOBULIN**



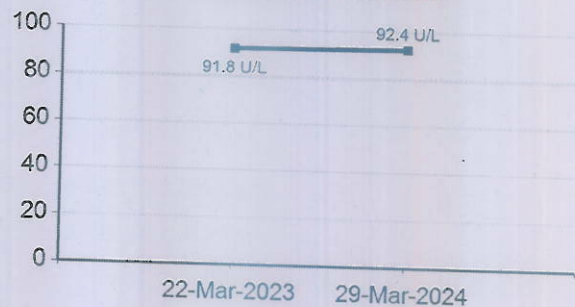
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



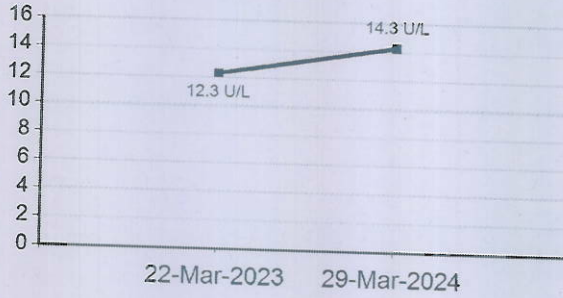




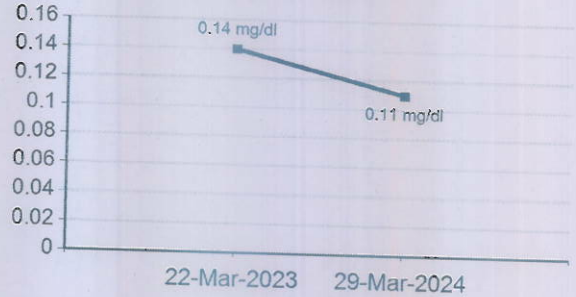
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Name : MRS.LAXMI KAMBLE  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

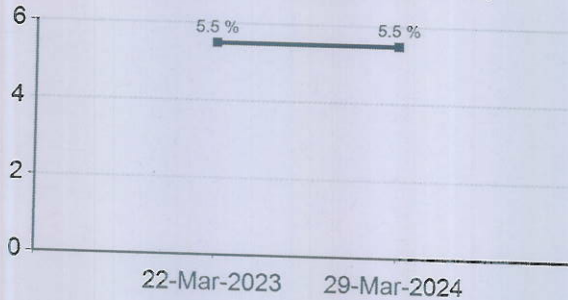
**GAMMA GT**



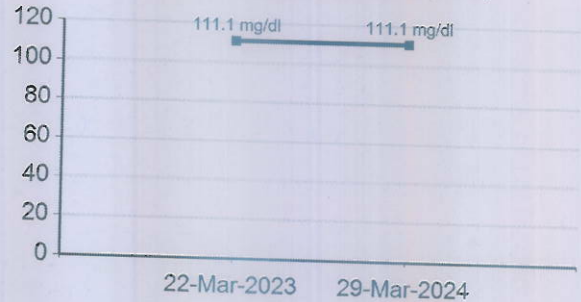
**BILIRUBIN (DIRECT)**



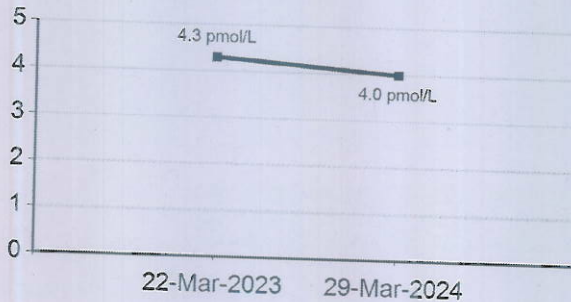
**Glycosylated Hemoglobin (HbA1c)**



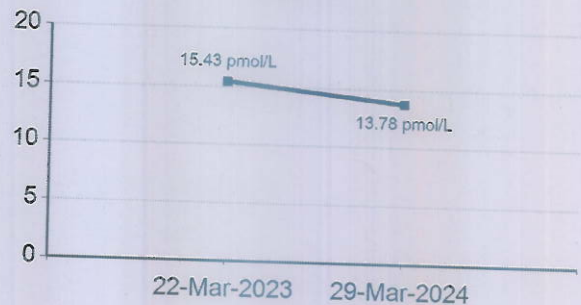
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

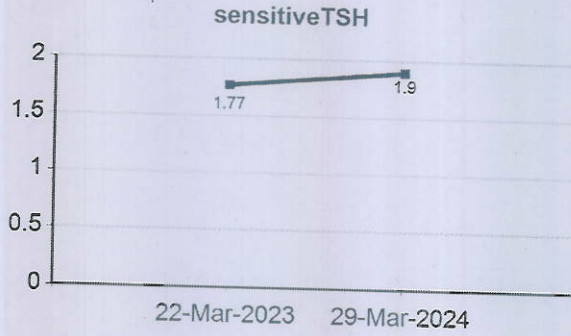






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Application To Scan the Code

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





# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: LAXMI KAMBLE  
 Patient ID: 2408912932

Date and Time: 29th Mar 24 9:32 AM



Age 37 years NA months NA days

Gender Female

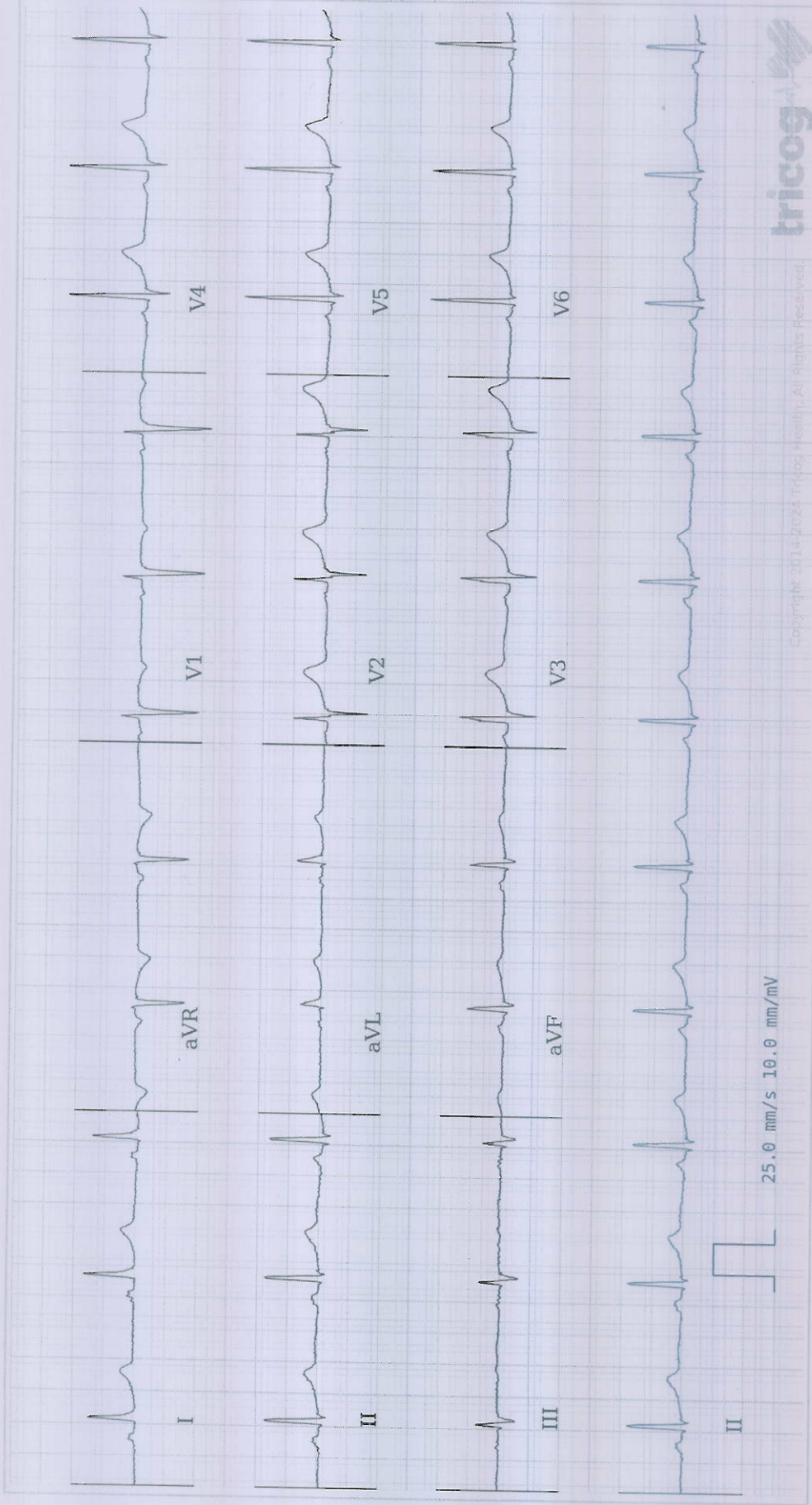
Heart Rate 67bpm

**Patient Vitals**

BP: NA  
 Weight: NA  
 Height: NA  
 Pulse: NA  
 Spo2: NA  
 Resp: NA  
 Others:

**Measurements**

QRSD: 90ms  
 QT: 412ms  
 QTcB: 435ms  
 PR: 134ms  
 P-R-T: 50° 33° 35°



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

REPORTED BY

DR SHAILAJA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972

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 obtained by the clinician and not derived from the ECG.





Use a QR Code Scanner  
Application To Scan the Code

CID : 2408912932  
Name : Mrs Laxmi Kamble  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 15:06

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo- 2024032908503121  
Access





CID : 2408912932  
Name : Mrs Laxmi Kamble  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 13:07

**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 10.4 x 4.1 cm. Left kidney measures 10.3 x 4.3 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 7.0 x 4.1 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm. Cervix appears normal.

**OVARIES:**

*The right ovary is bulky ,measures 3.3 x 2.5 x 2.8 cm ,ovarian volume is 12 cc and shows cyst with internal echoes and septae measuring 2.6 x 2.4 cm s/o hemorrhagic cyst.*

The left ovary measures 2.4 x 1.9 cm , normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908503110>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2408912932  
Name : Mrs Laxmi Kamble  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 13:07

**IMPRESSION:**

- **BULKY RIGHT OVARY WITH HEMORRHAGIC CYST.**

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

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

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908503110>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1999PL0003002

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Date:- 29/03/24  
 Name:- Laxmi Kumbhar  
 CID: 2408912892  
 Sex / Age: F 37

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: All

Past history: All

Unaided Vision: 13 E 6/6 14 B 2 4/6

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  
 SR. OPTOMETRIST





1352 (2408912932) / LAXMI KAMBLE / 37 Yrs / F / 156 Cms / 65 Kg  
Date: 29 / 03 / 2024 02:23:00 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	084	46 %	120/70	100	00	
Standing	00:15	0:12	00.0	00.0	01.0	084	46 %	120/70	100	00	
HV	00:27	0:12	00.0	00.0	01.0	095	52 %	120/70	114	00	
ExStart	00:40	0:13	00.0	00.0	01.0	094	51 %	120/70	112	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	153	84 %	130/80	198	00	
PeakEx	04:30	0:50	02.5	12.0	05.4	157	86 %	150/80	235	00	
Recovery	05:30	1:00	00.0	00.0	01.0	122	67 %	130/80	158	00	
Recovery	05:35	1:05	00.0	00.0	01.0	122	67 %	130/80	158	00	

FINDINGS :

Exercise Time : 03:50  
 Initial HR (ExStrt) : 94 bpm 51% of Target 183  
 Initial BP (ExStrt) : 120/70 (mm/Hg)  
 Max WorkLoad Attained : 5.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V5 & -0.3 mm in Stage 1  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 86% of Target 183  
 Max BP Attained 150/80 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI



<sup>1</sup>EMail: LAXMI KAMBLE / 37 Yrs / F / 156 Cms / 65 Kg Date: 29 / 03 / 2024 02:23:00 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 84.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.1. 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. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

DR. SHAILAJA PILLAI  
M.D. (GEN.MED)

R.NO. 49972

Doctor - DR. SHAILAJA PILLAI



1352 (2408912932) / JANANI KAMBLE / 37 Yrs / F / 156 Cms / 60 Kg / HR : 88

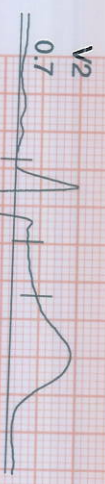
Date: 29 / 03 / 2024 02:23:00 PM METS: 1.0/ 88 bpm 48% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

ExtTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

IE ( 00:01 )

AC

4X 80 ms Post J



STL 0.2  
STs 0.2

II 0.1  
0.4

III -0.2  
0.2

aVR -0.1  
-0.1  
-0.2

aVL 0.2  
0.2  
0.0

aVF -0.1  
-0.1  
0.3

V1 0.3  
0.2

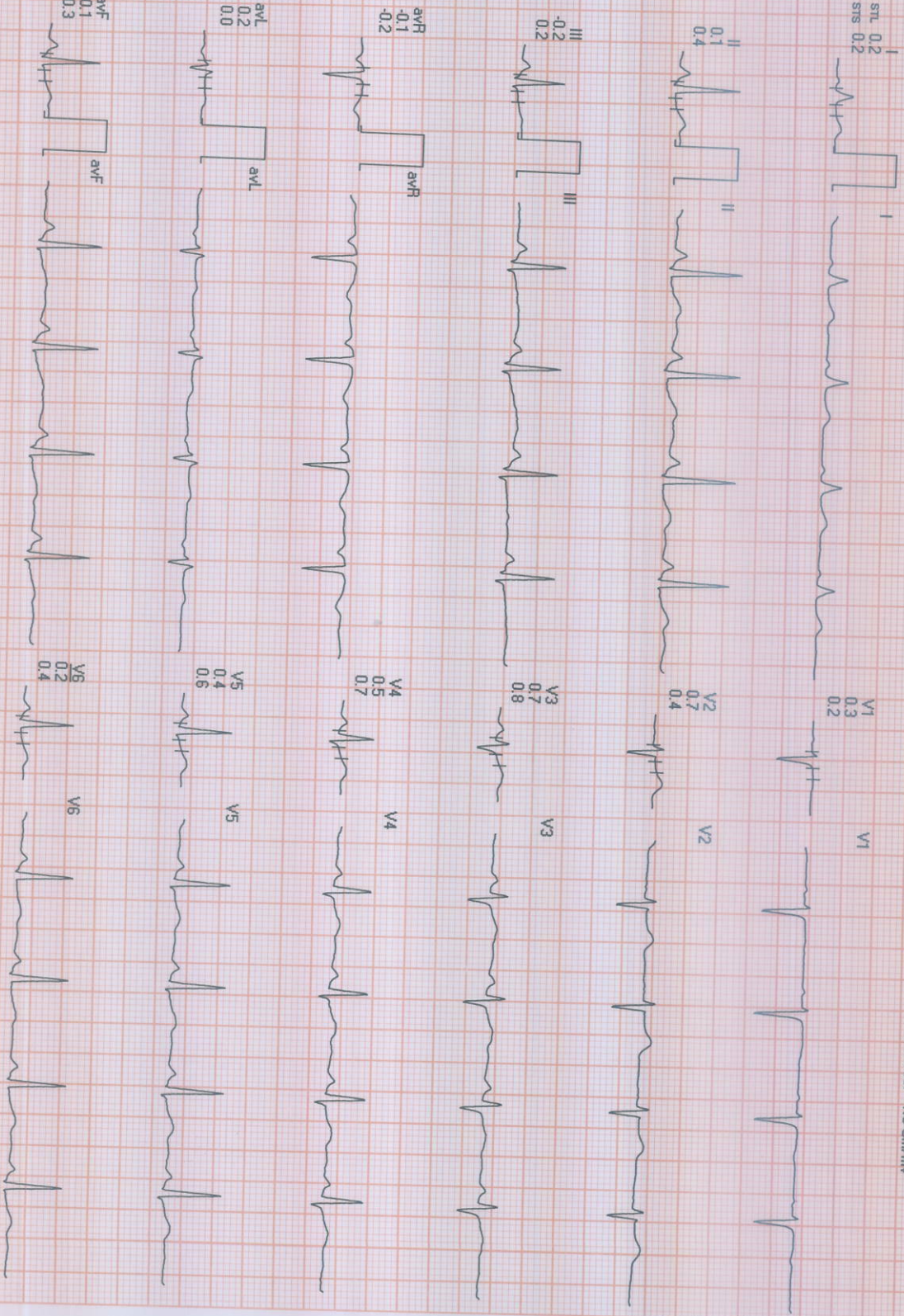
V2 0.7  
0.4

V3 0.7  
0.8

V4 0.5  
0.7

V5 0.4  
0.6

V6 0.2  
0.4



REMARKS:





BURBAN DIAGNOSTIC

(LANE GB ROAD)

STANDARD

00)



1352 (2408912992) / LAXM.

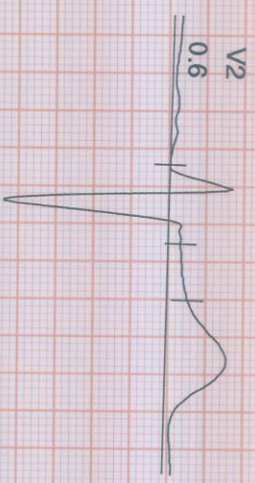
37 Yrs / F / 156 Cms / 65

J4

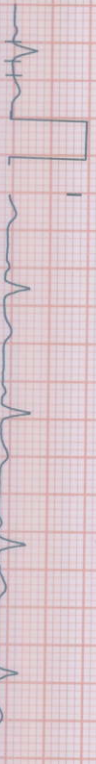
Date: 29/03/2024 02:23:00 PM  
AX 80 m/s Post J

METS: 1.0/ 84 bpm 46% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



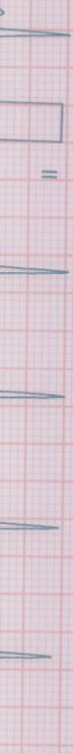
I  
STL 0.2  
STB 0.2



V1  
0.2  
0.1



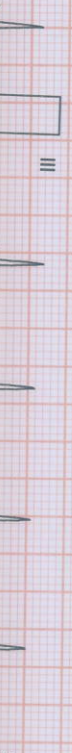
II  
0.3  
0.7



V2  
0.6  
0.3



III  
0.1  
0.4



V3  
0.4  
0.6



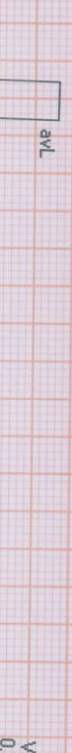
aVR  
-0.3  
-0.5



V4  
0.4  
0.5



aVL  
0.0  
-0.1



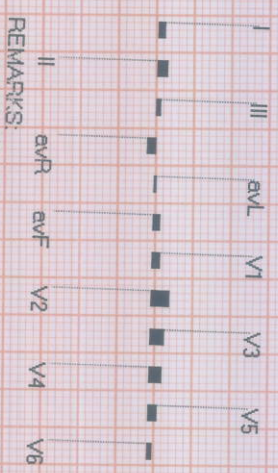
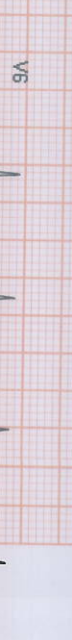
V5  
0.3  
0.5



aVF  
0.2  
0.5

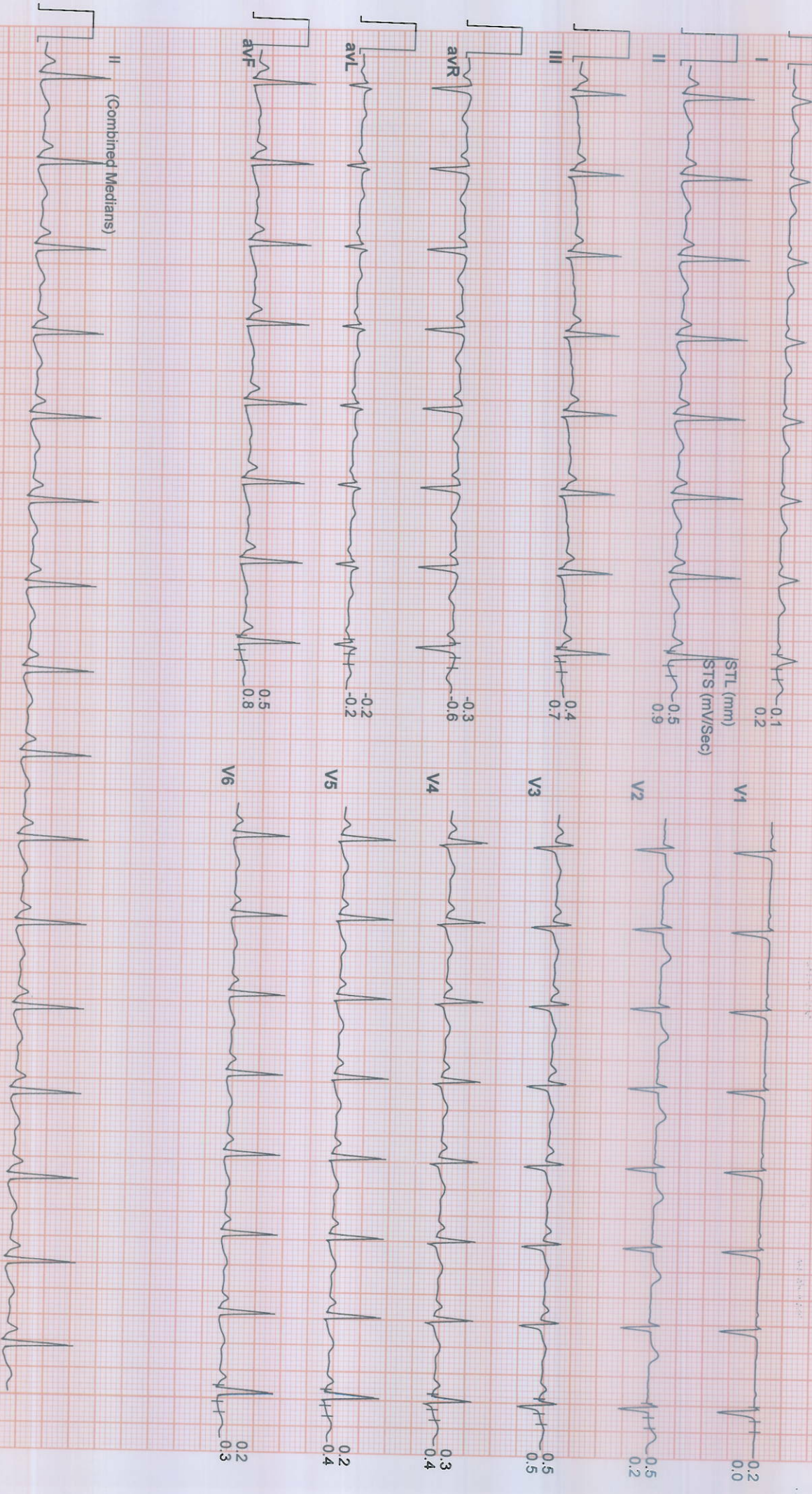


V6  
0.1  
0.4



REMARKS:







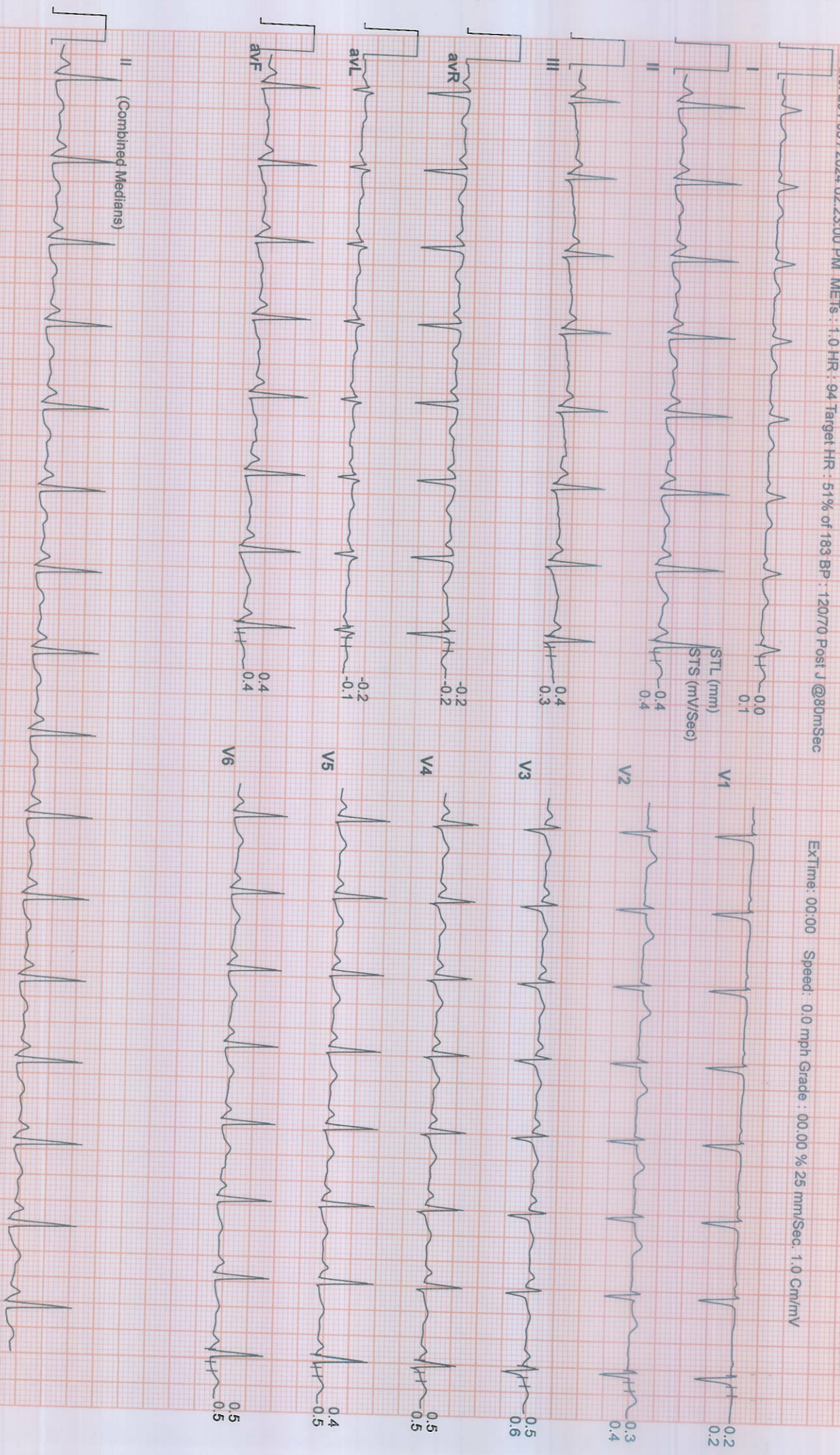
15. KAMBLE / 37 Yrs / Fem. m / 65 Kg

Date: 29 / 03 / 2024 02:23:00 PM METs : 1.0 HR : 94 Target HR : 51% of 183 BP : 120/70 Post J @80mSec

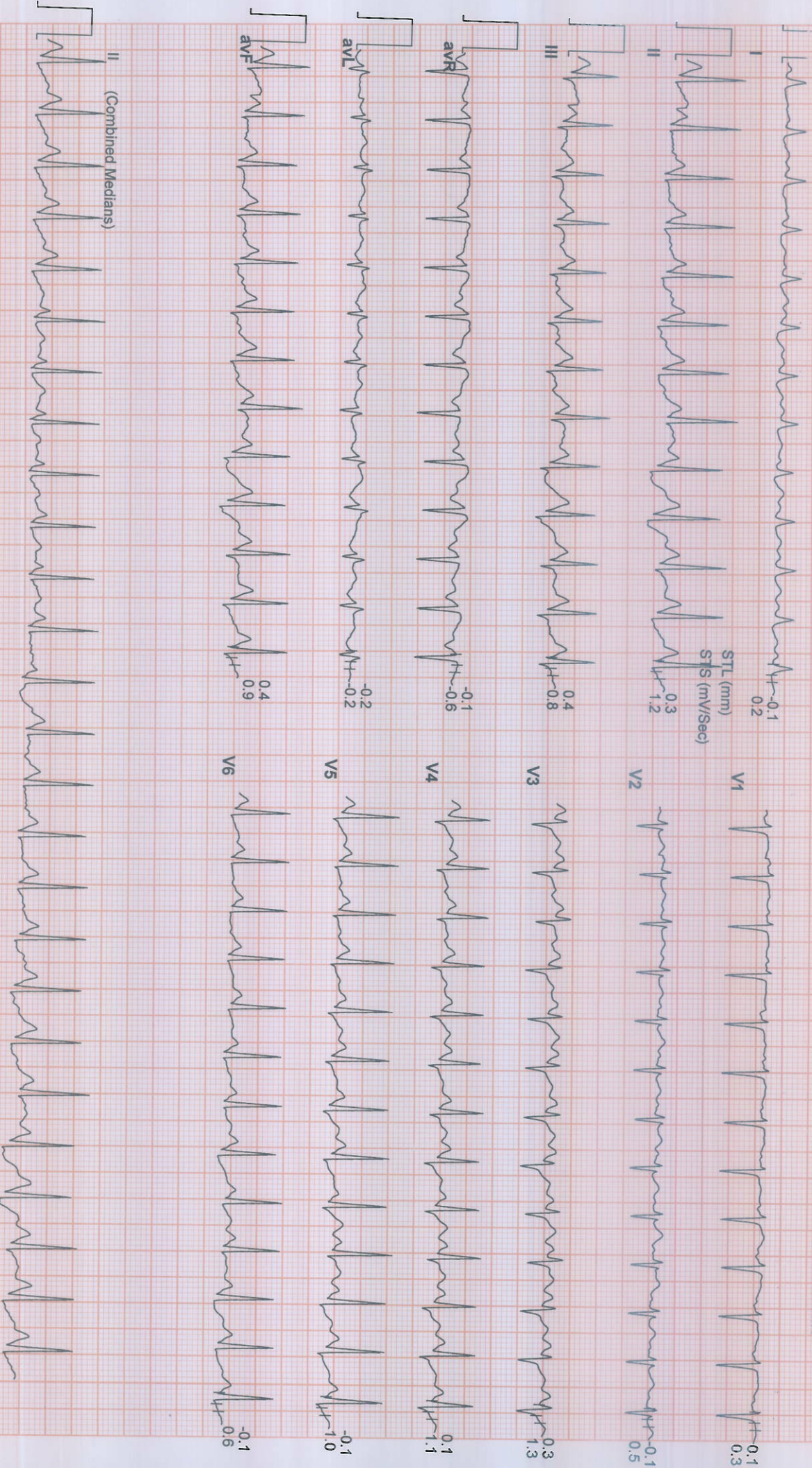
6X2 Combi E ins + 1 Rhythm

JPL

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









XMI KAMBLE / 37 Yrs

56 Cm / 65 Kg

Date: 29 / 03 / 2024 02:23:00 PM METs : 5.4 HR : 157 Target HR : 86% of 183 BP : 150/80 Post J @60mSec

6X2 Cor

Medians + 1 Rhyth

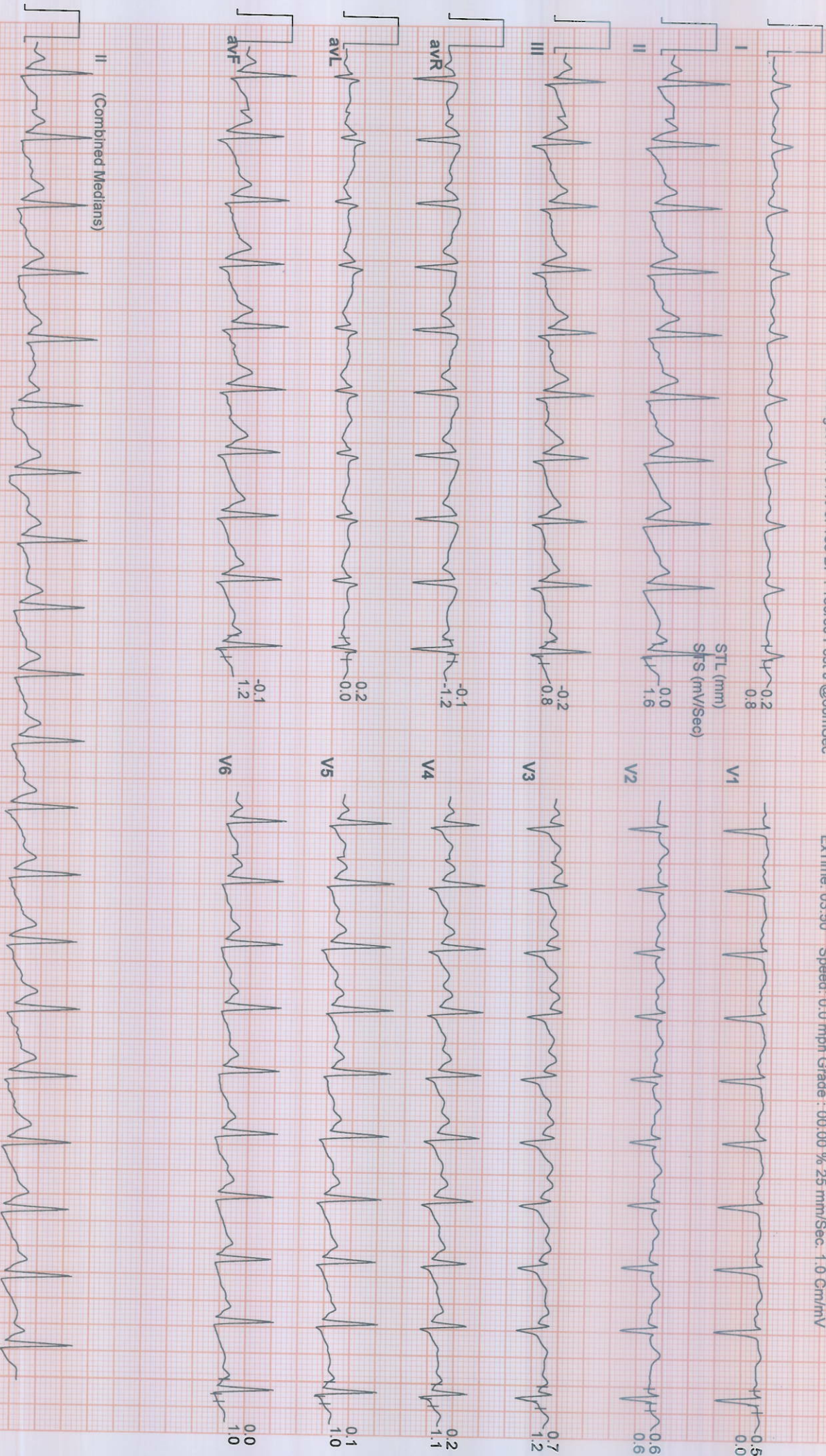


ExTime: 03:50

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









131 KAMBLE / 37 Yrs / Female 1 / 65 Kg

6X2 Combir R ns + 1 Rhythm (01:05)

ADL

Date: 29 / 03 / 2024 02:23:00 PM METs : 1.0 HR : 122 Target HR : 67% of 183 BP : 130/80 Post J @70mSec

ExTime: 03:50 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

