



CID : 2410810183
Name : MRS.ROSHNI PAWAR
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 17-Apr-2024 / 08:42
Reported : 17-Apr-2024 / 12:44

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.34	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.9	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6290	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	2094.6	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	352.2	200-1000 /cmm	Calculated
Neutrophils	56.5	40-80 %	
Absolute Neutrophils	3553.8	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	220.2	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	69.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 17-Apr-2024 / 17:02

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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	104.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	6.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	42.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	104	(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	4.2	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Bmhasakar

Dr.KETAKI MHASKAR
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	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***



Bmhasakar

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



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Reported : 17-Apr-2024 / 15:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



J. Thakker

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



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

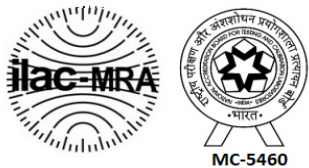
Limitations:

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

References:

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

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



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.0	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	21.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



Bmhasakar

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



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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	4.7	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 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 ***



Signature

Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist

Name : MRS. ROSHNI PAWAR
PRECISE TESTING - HEALTHIER LIVING

Age / Gender : 36 Years/Female

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 17-Apr-2024 / 08:39

Reported : 17-Apr-2024 / 12:58

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complait

EXAMINATION FINDINGS:

Height (cms): 160

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80

Pulse: 84/min

Weight (kg): 51

Skin: NAD

Nails: NAD

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

AB+ve

USG, ECG, TMT, CBC, CXR MNL

IMPRESSION:

ADVICE:

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

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- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Vegetarian
- 4) Medication No

*** End Of Report ***

Anita

DR. ANITA CHOUDHARY
 M.B.B.S.
 CONSULTANT PHYSICIAN
 Reg. No. 2017/12/5853

SUBURBAN DIAGNOSTICS
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Reg. Location : Bhayander East Main Centre
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Reported : 17-Apr-2024 / 10:52

X-RAY CHEST PA VIEW

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- No obvious active parenchymal lesion made out.

Kindly correlate clinically.

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

Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041708401084>

Date:- 17/4/24
Name:- Roshni Pawar

CID: 2410810183
Sex / Age: 36 / B

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

RE 6/6
6/6 6/6
N/A N/A

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Near Thurga Hospital, Mira-Bhy. Road,
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Reported : 17-Apr-2024 / 12:45

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.4 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.(PV -8.5 mm)

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 8.2 x 3.8 cm. Left kidney measures 10.2 x 4.6 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.5 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites

UTERUS:

The uterus is retroverted and appears normal. It measures 4.5 x 5.3 x 8.2 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 8.7 mm and appears normal.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2024041708401073

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OVARIES:

Right ovary : 2.8 x 2.5 cm.

Left ovary : 2.8 x 2.6 cm.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION

- No other significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center

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

sionNo=2024041708401073

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLCC03338

Page no 2 of 2

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

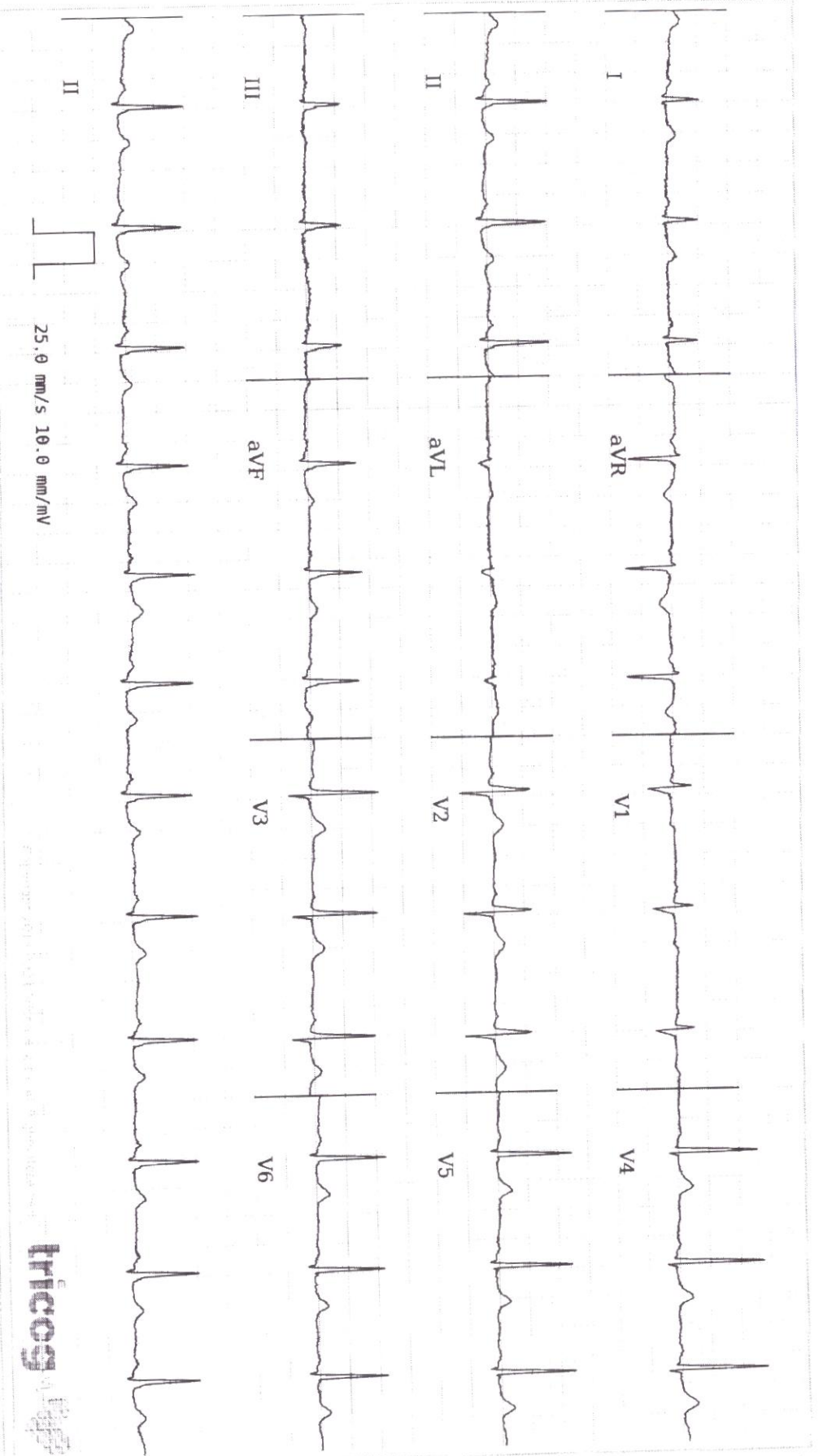
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

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

Patient Name: **ROSHNI PAWAR**

Patient ID: **2410810183**

Date and Time: **17th Apr 24 8:49 AM**



Age **36** NA NA
years months days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **51 kg**

Height: **160 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **358ms**

QTcB: **408ms**

PR: **122ms**

P-R-T: **49° 65° 36°**

REPORTED BY

[Signature]

Dr. Smita Vaidi
MBBS, D. Cardiology
2011/03/0587

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	092	50 %	110/80	101	00	
Standing	00:09	0:02	00.0	00.0	01.0	092	50 %	110/80	101	00	
HV	00:12	0:03	01.7	10.0	01.1	100	54 %	110/80	110	00	
ExStair	00:14	0:02	01.7	10.0	01.1	107	58 %	110/80	117	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	120	65 %	120/80	144	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	128	70 %	130/80	166	00	
PeakEx	08:53	2:39	03.4	14.0	09.9	156	85 %	140/80	218	00	
Recovery	09:53	1:00	01.1	00.0	01.2	132	72 %	150/80	198	00	
Recovery	10:53	2:00	00.0	00.0	01.0	114	62 %	130/80	148	00	
Recovery	12:53	4:00	00.0	00.0	01.0	112	61 %	120/80	134	00	
Recovery	13:04	4:11	00.0	00.0	01.0	113	61 %	120/80	135	00	

FINDINGS :

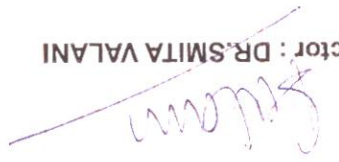
Exercise Time : 08:39
 Initial HR (ExSt) : 107 bpm 58% of Target 184
 Initial BP (ExSt) : 110/80 (mm/Hg)
 Max Workload Attained : 9.9 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V5 & -1.2 mm in Recovery : 08.7
 Duke Treadmill Score : 08.7
 Test End Reasons : Test Complete

Max HR Attained 156 bpm 85% of Target 184
 Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 101, 1st Floor,
 Kshiti Building, Keymond,
 Near Thunga Hospital, Mira-Dhy. Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

Doctor : DR.SMITA VALANI



Email:

1234/512 / ROSHNI PAWAR / 36 Yrs / F / 160 Cms / 51 Kg Date: 17 / 04 / 2024 08:52:15 AM Refd By : --

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 11, 1st Floor,
 Kashiji Building, Above Raymond,
 Near Thunga Hospital, Mira - Dny. Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700000

DR. SMITA VALANI
 MBBS, D. CARDIOLOGY
 2011/03/0587

Doctor : DR. SMITA VALANI

Smita

SUPINE (00:01)

ACUPDL

SUBURBAN DIAGNOSTICS BHAYANDER

12347512 (2410810183) / ROSHNI PAWAR / 36 Yrs / F / 160 Cms / 51 Kg / HR : 92

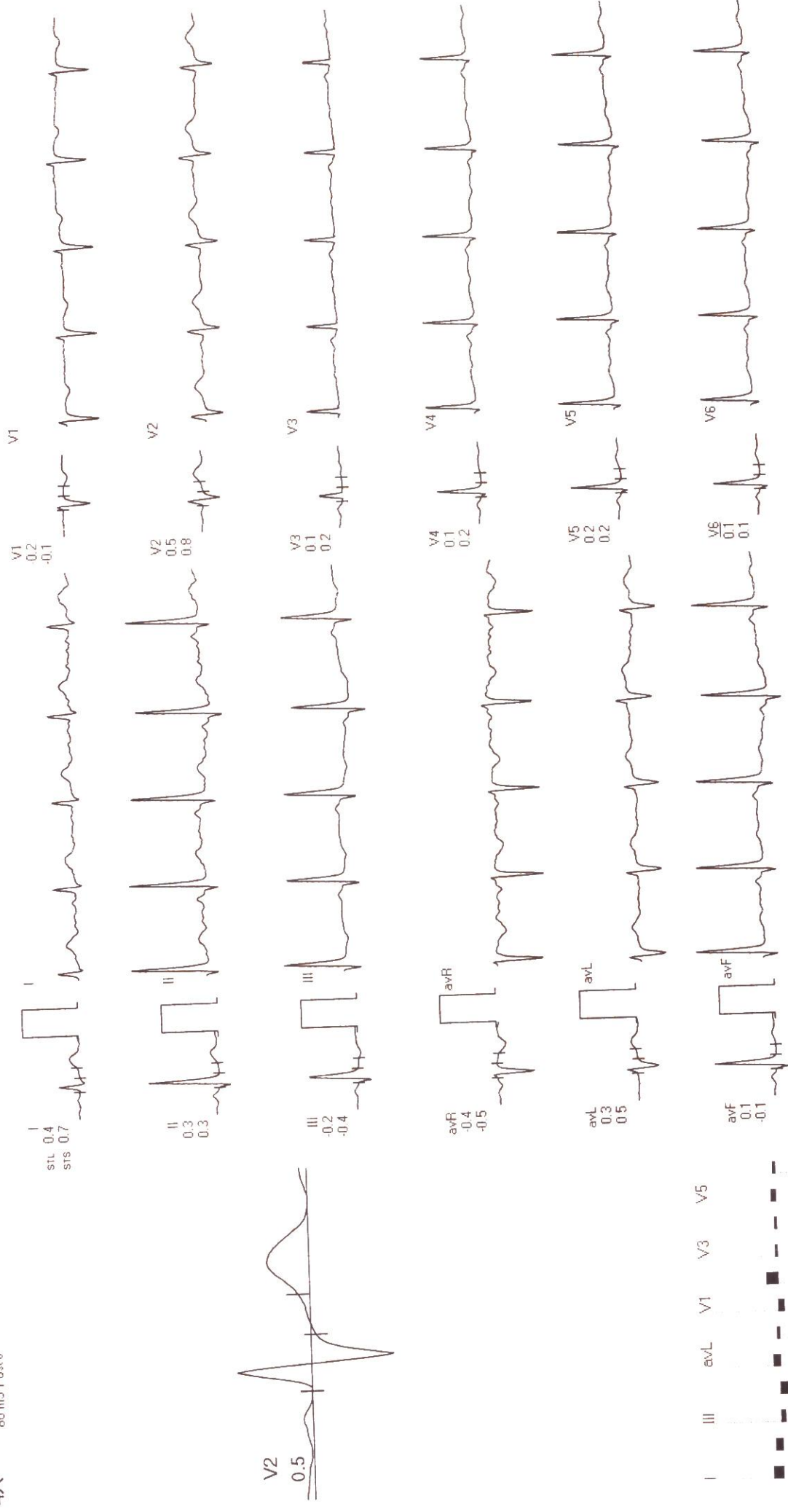
Date: 17/04/2024 08:52:15 AM

METS: 1.0 / 92 bpm 50% of THR. BP: 110/80 mmHg

Raw ECG/BLD/Ch/ HF 0.05 Hz/LF 35 Hz

Ex Time: 00:00 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

STANDING (00:00)

ACT/PL

SUBURBAN DIAGNOSTICS BHAYANDER

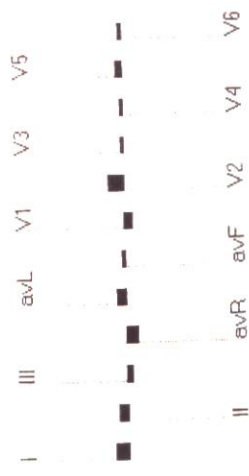
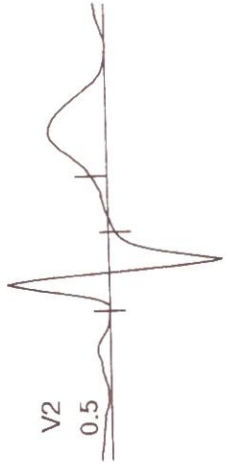
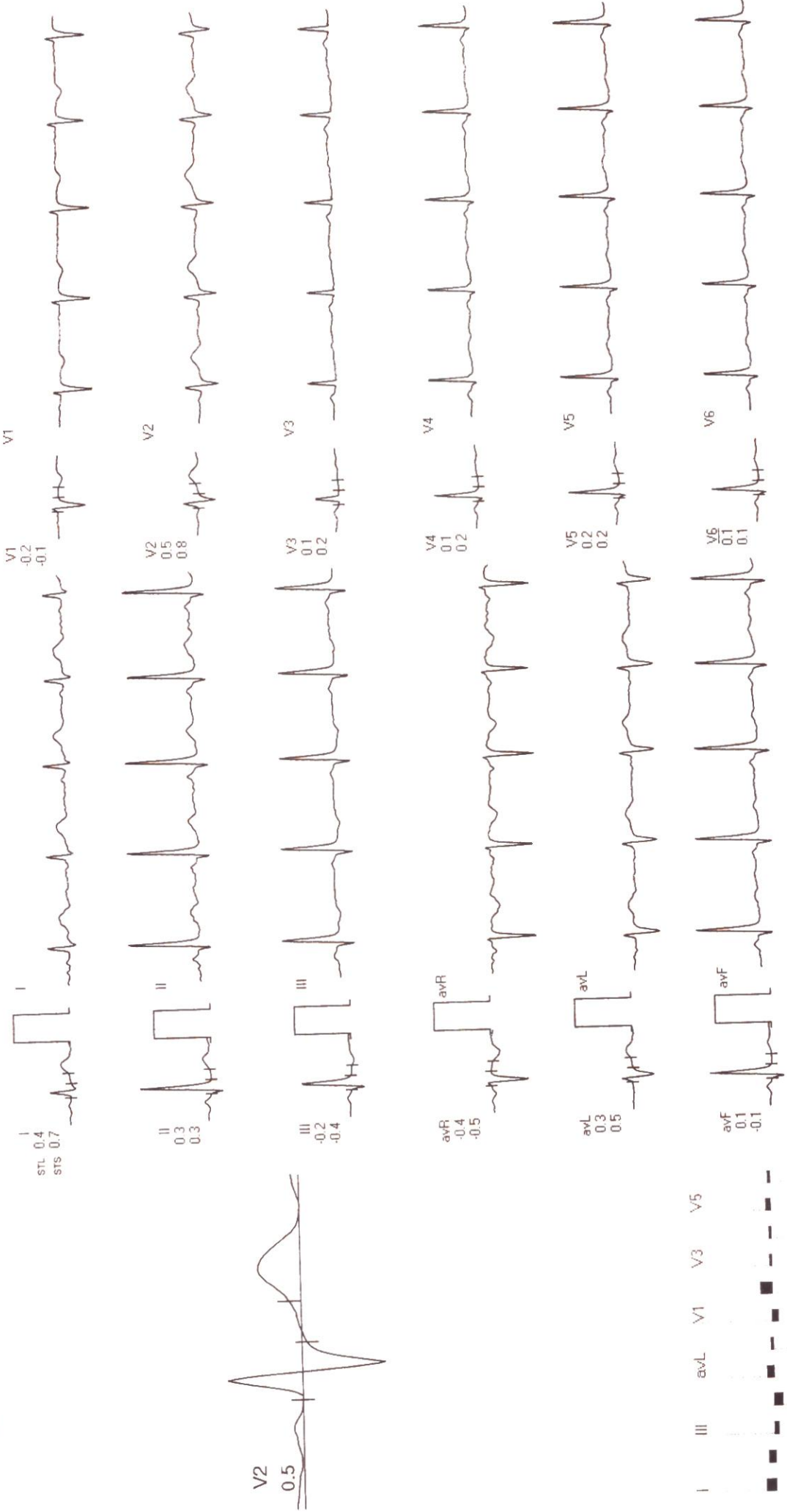
12347512 (2410810183) / ROSHNI PAWAR / 36 Yrs / F / 160 Cms / 51 Kg / HR : 94

Date: 17/04/2024 08:52:15 AM

METS: 1.0/94 bpm 51% of THR BP 110/80 mmHg P_{raw} ECG/BLU/CM/Notch/CM/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:00 mph 0.01%
25 mm/Sec. 1.0 Cm/mv

4X 80 mS Post J



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

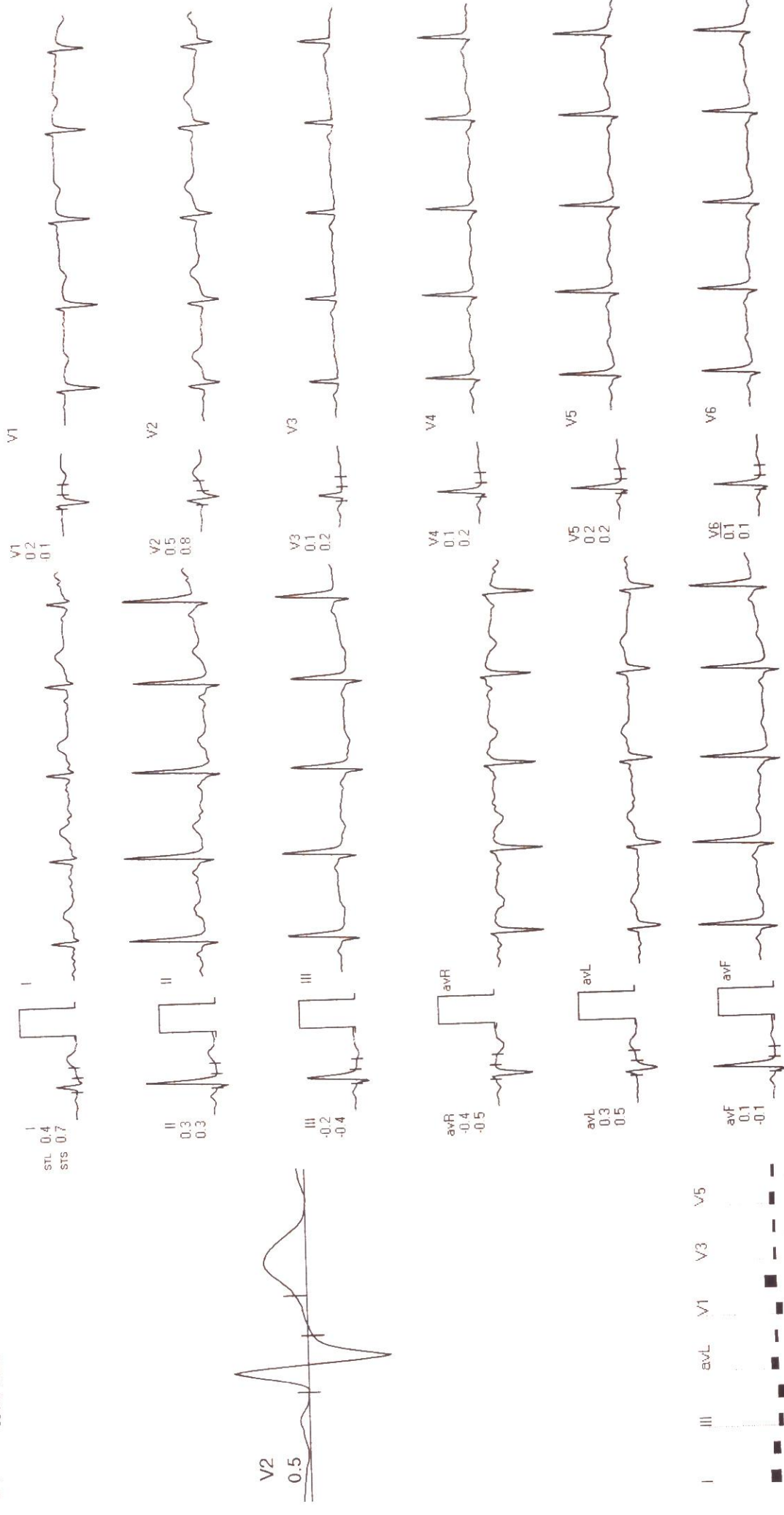
12347512 (2410810183) / ROSHNI PAWAR / 36 Yrs / F / 160 Cms / 51 Kg / HR : 96

Date 17/04/2024 06:52:15 AM

METS: 1.0/96 bpm 52% of THF. BP: 110/80 mmHg P_{raw} ECG/BLD/On/Notch On/HF 0.05 Hz/LF .35 Hz

ExTime 00:00 0.0 mph 0.0%

4X 80 mS Post J



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

ExStrrt

4X+IF₀

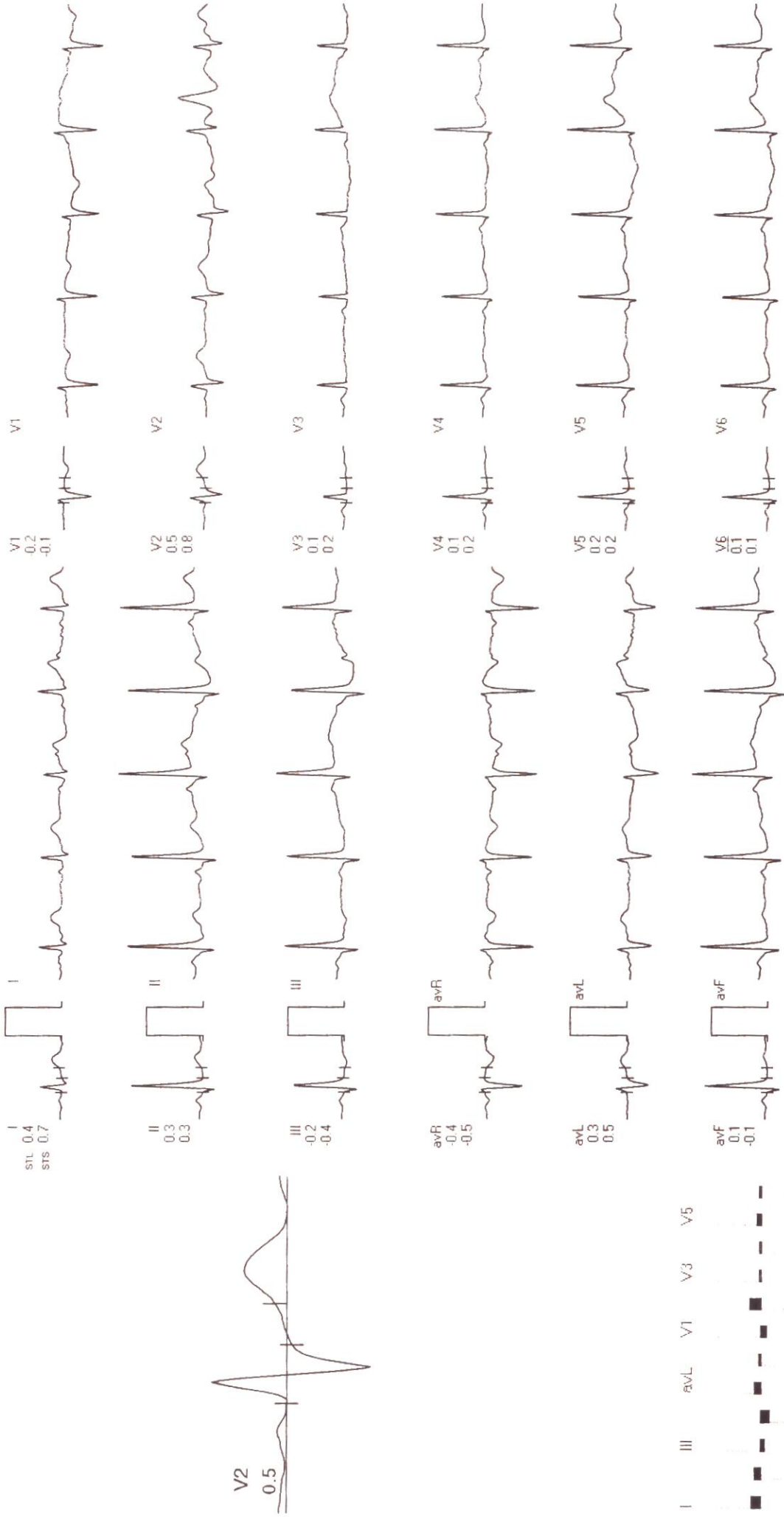
12347512 (2410810183) // ROSHNI PAWAR / 36 Yrs / F // 160 Cms / 51 Kg / HR : 99

Date: 17/04/2024 08:52:15 AM METS: 1.0/99 bpm 54% of THR. BP: 110/80 mmHg P_{raw} ECG/BLD 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

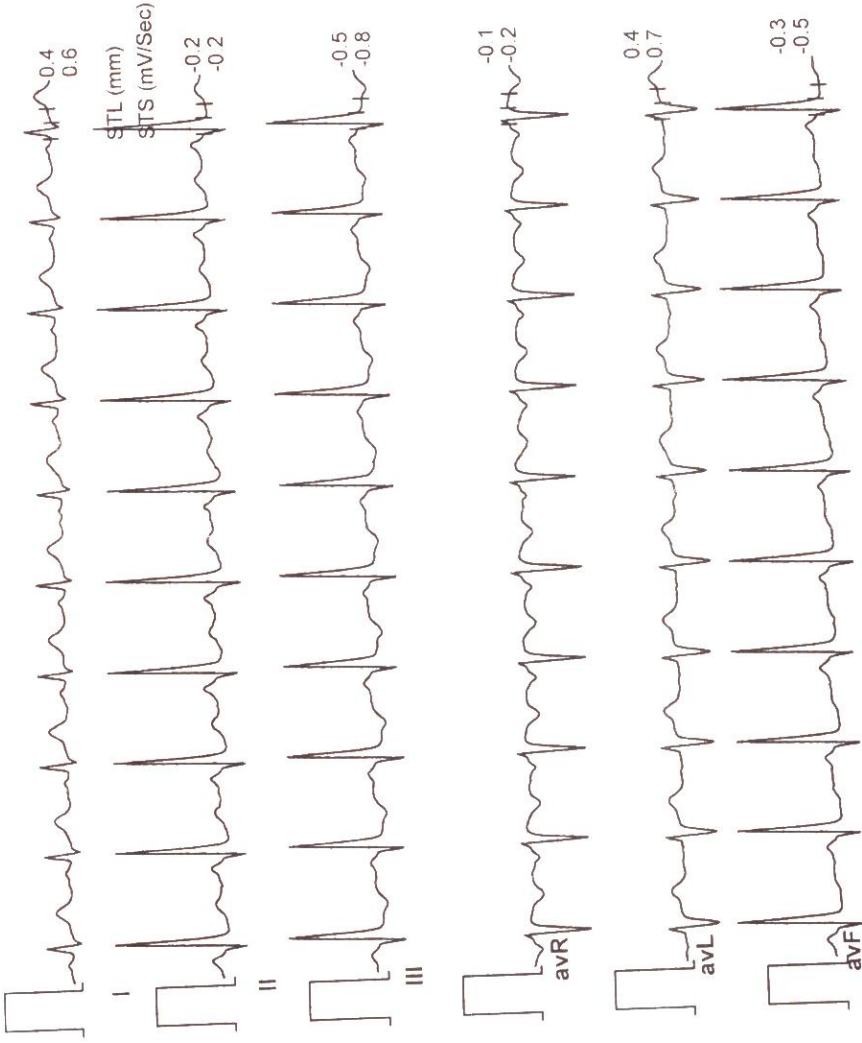


REMARKS:
I III avL avF V1 V2 V3 V4 V5 V6
II avR avF V2 V4 V6

SUBURBAN DIAGNOSTICS BHAYANDER

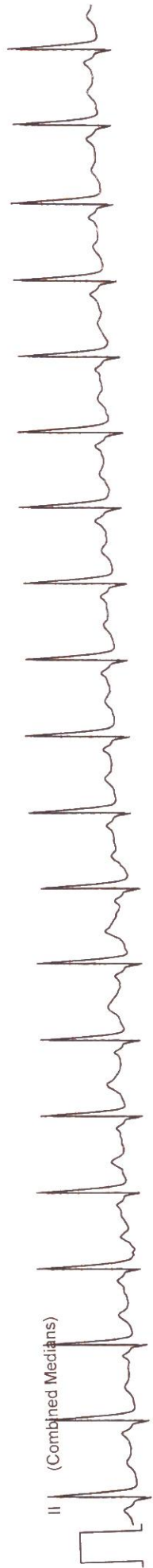
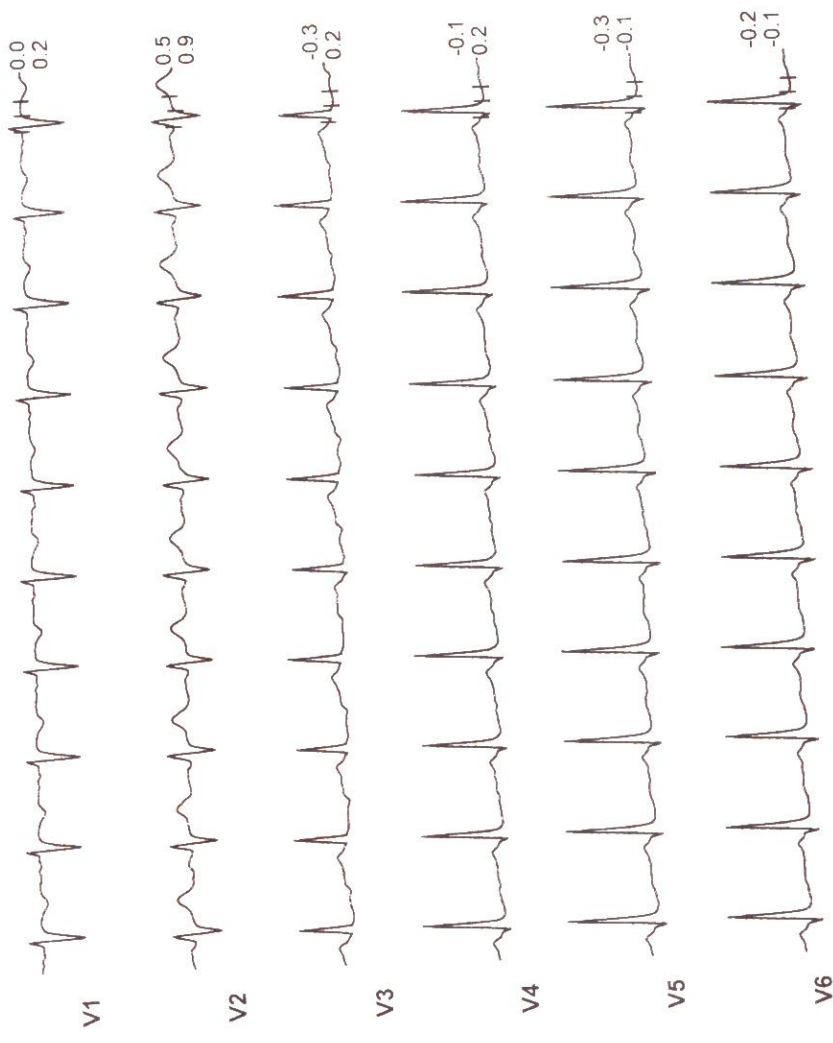
12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

Date: 17 / 04 / 2024 08:52:15 AM METs : 4.7 HR 120 Target HR : 65% of 184 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 (03:00)

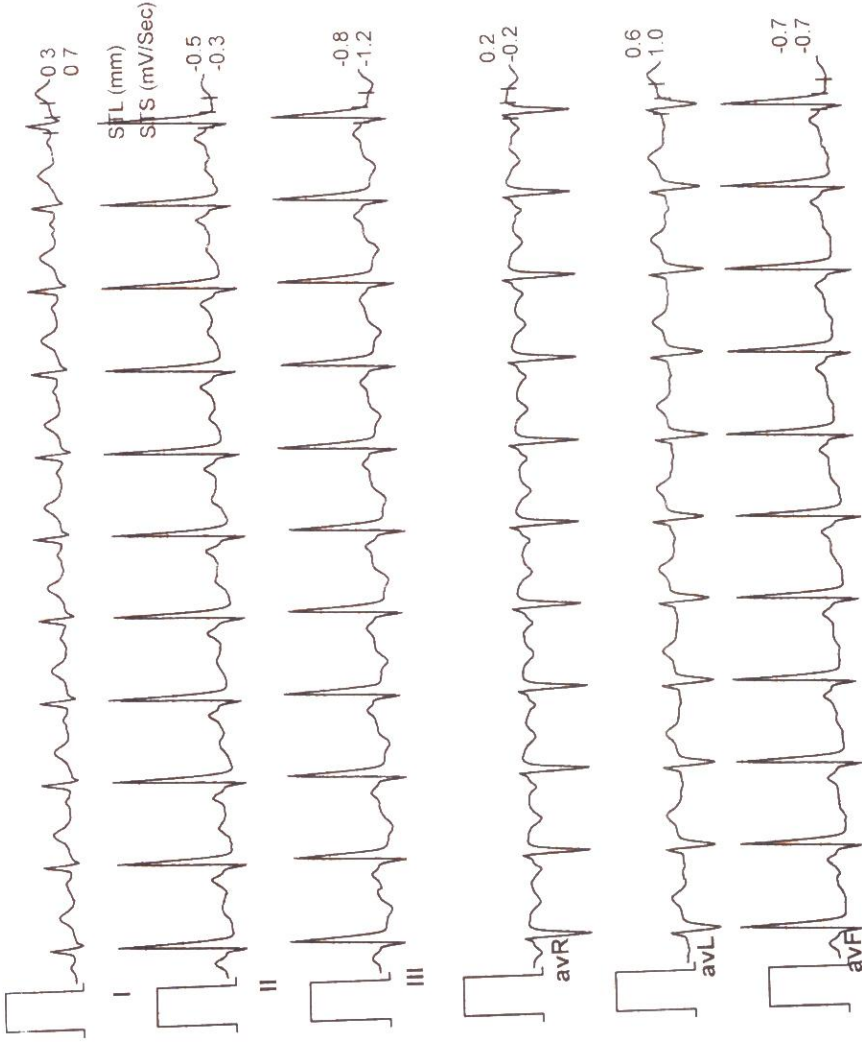
ExTime 03:00 Speed: 1.7 mph Grade 10.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

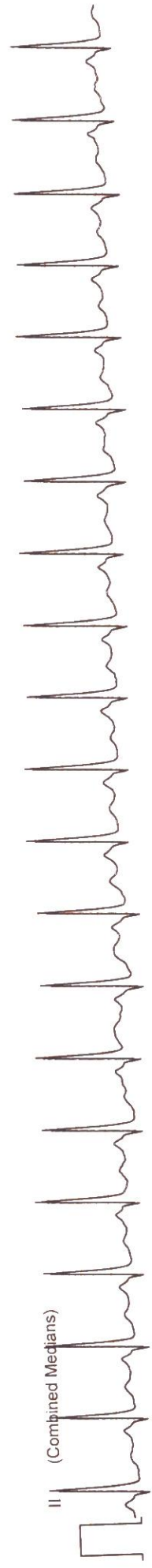
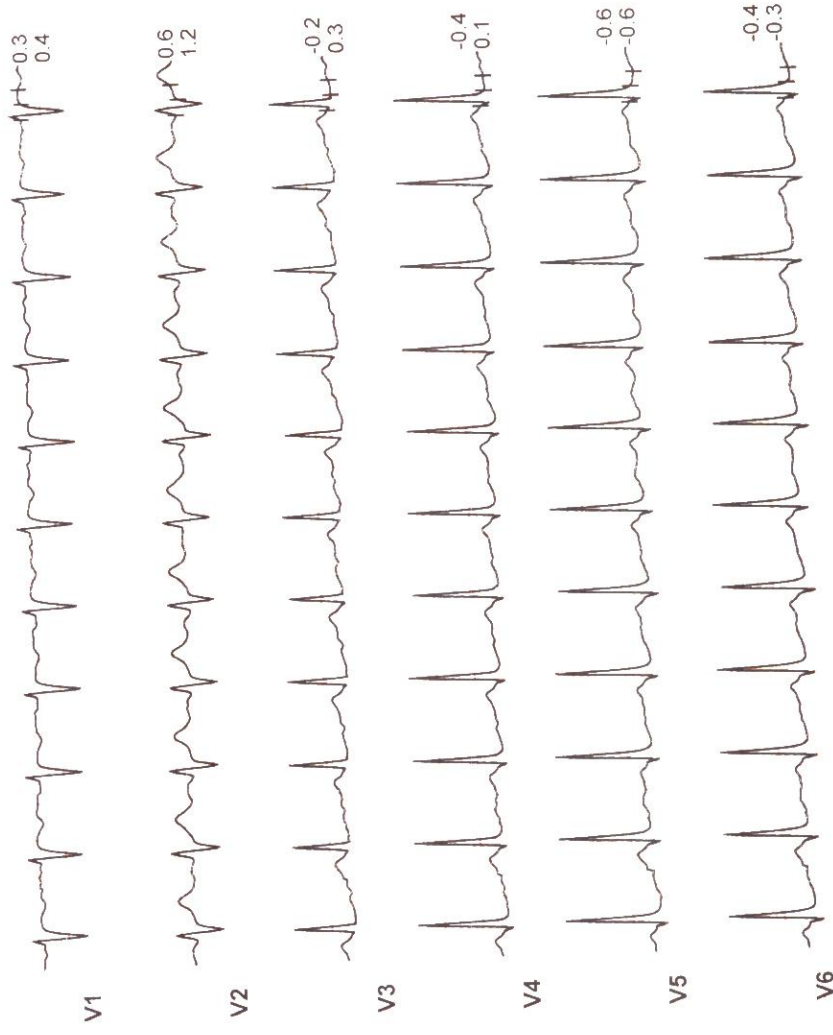
12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

Date: 17 / 04 / 2024 08:52:15 AM METs: 7.1 HR: 128 Target HR: 70% of 184 BP: 130/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 (03:00)

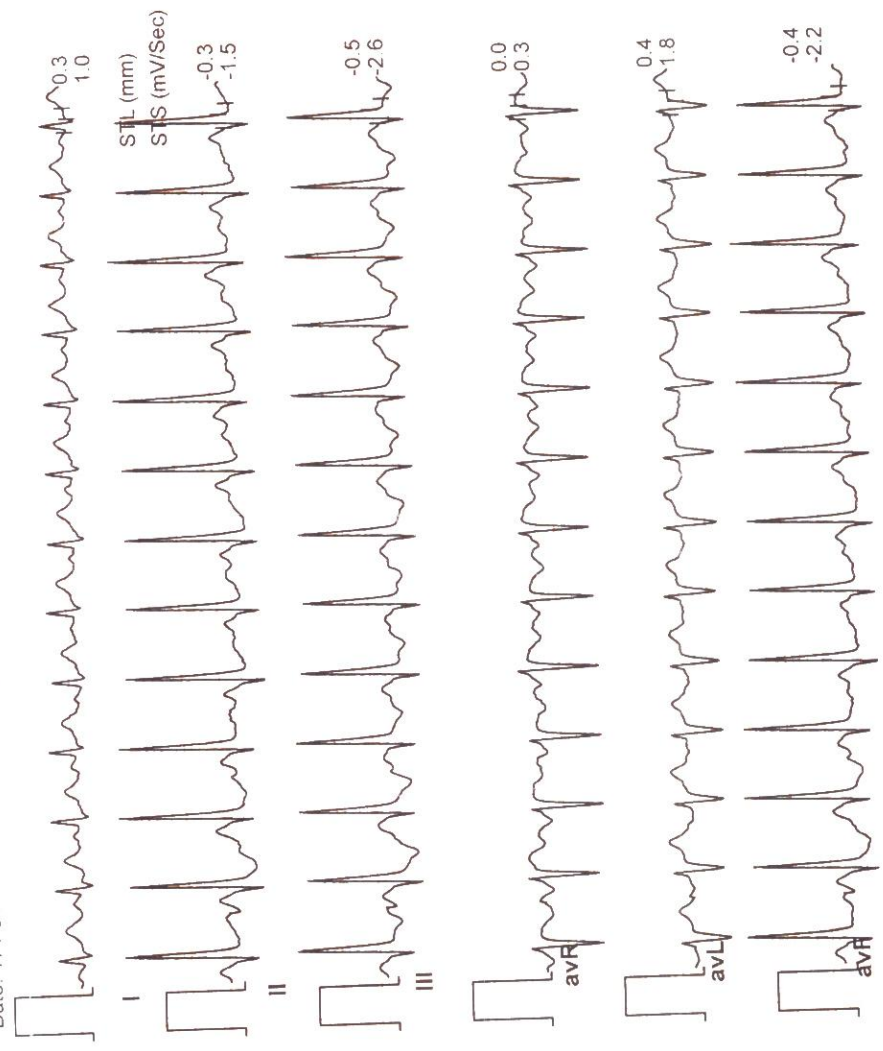
EXTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

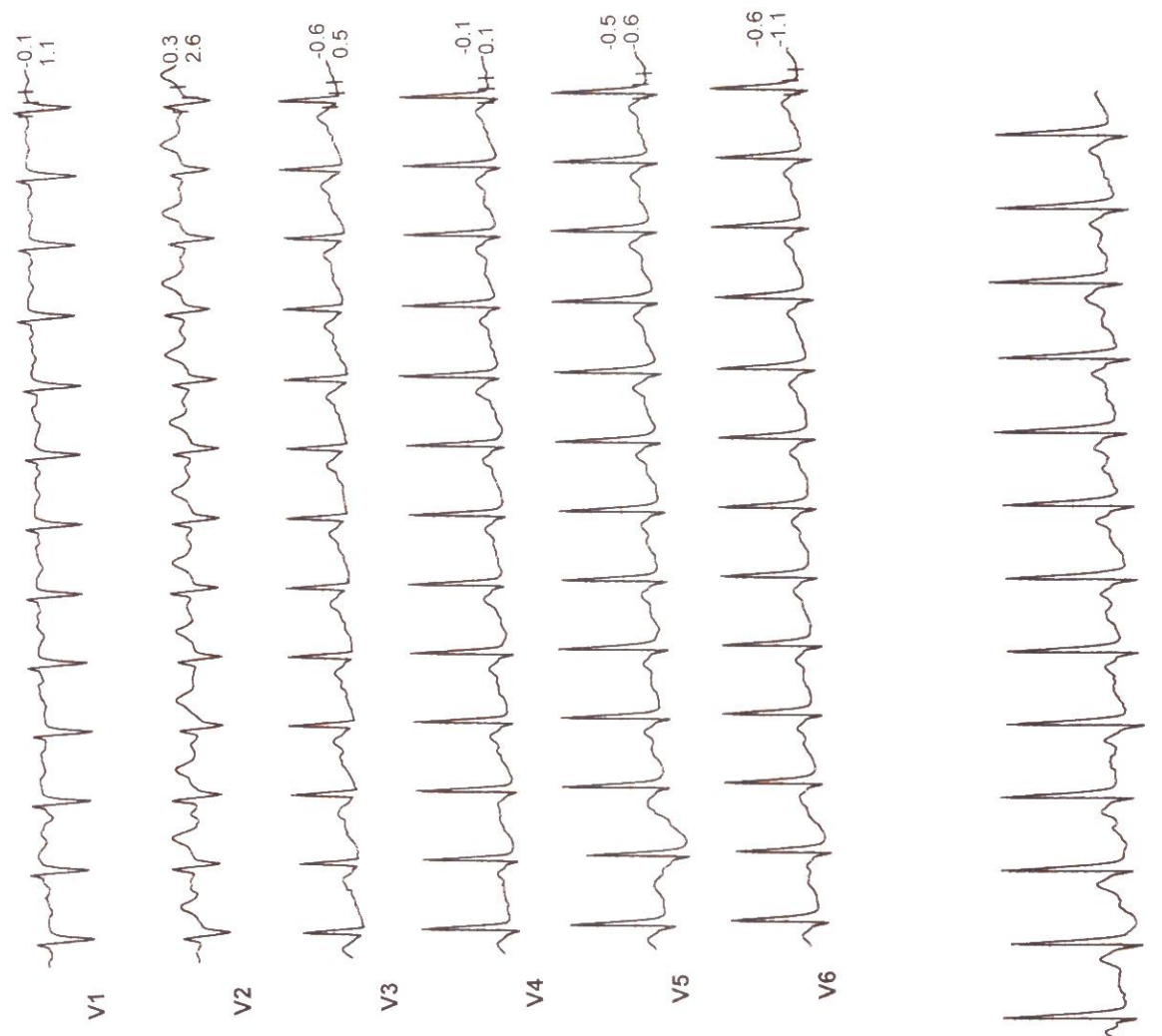
12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

Date: 17/04/2024 08:52:15 AM METs: 9 HR: 156 Target HR: 85% of 184 BP: 140/80 Post J @60mSec

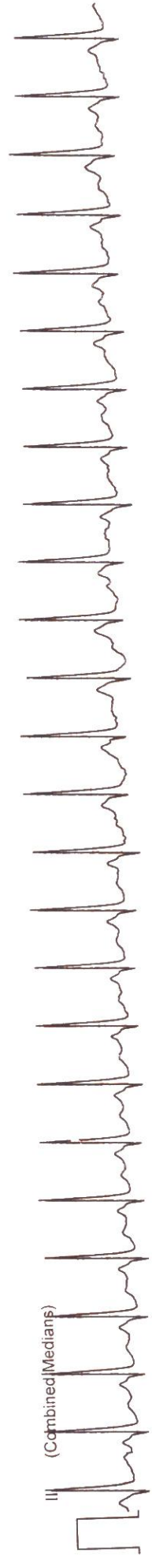


6X2 Combine Medians + 1 Rhythm PeakEx

ExTime 08:39 Speed: 3.4 mph Grade 14.00 % 25 mm/Sec 1.0 Cm/mV



III (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

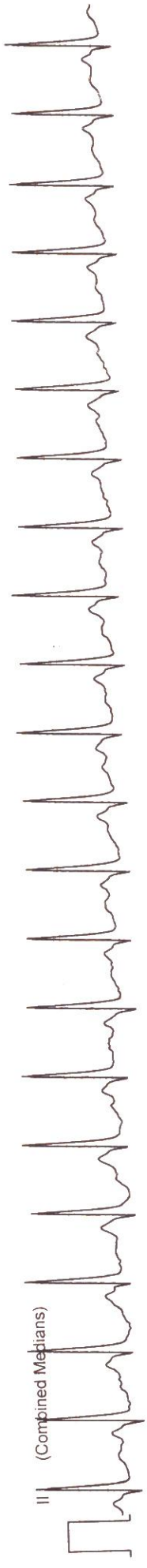
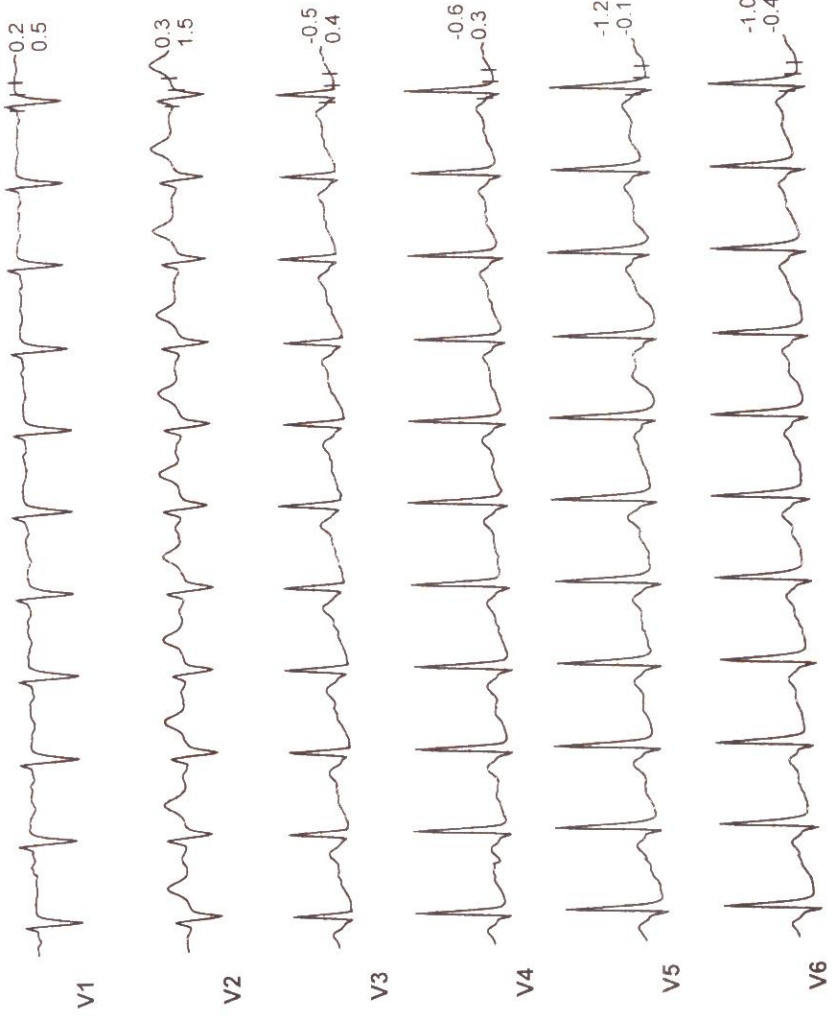
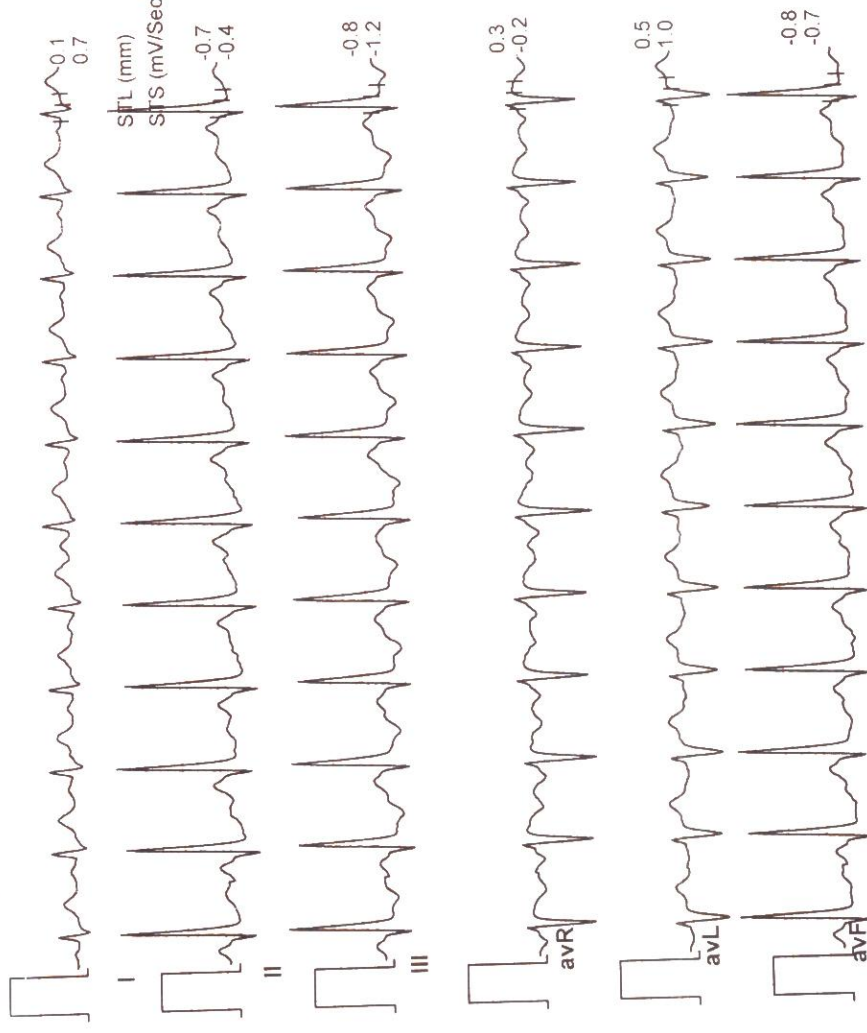
12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (01:00)

ACHPL

Date: 17 / 04 / 2024 08:52:15 AM METs : 1.1 HR : 132 Target HR : 72% of 184 BP : 150/80 Post J @60mSec

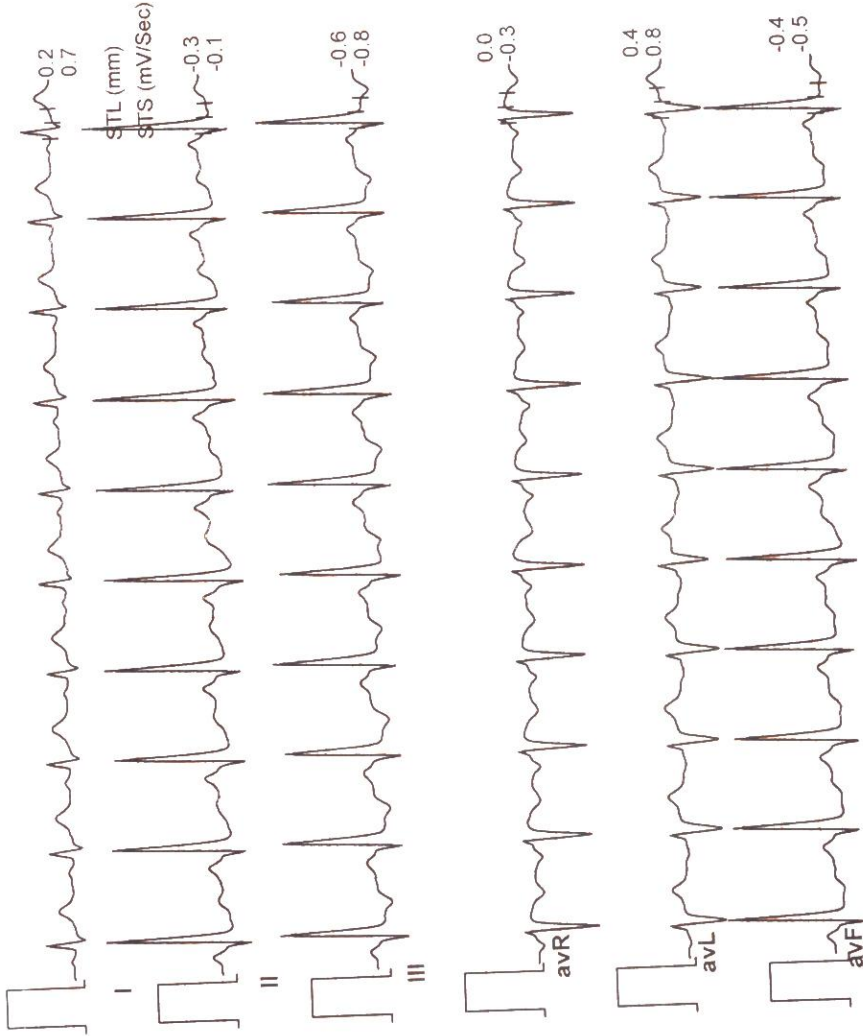
ExTime: 08:39 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

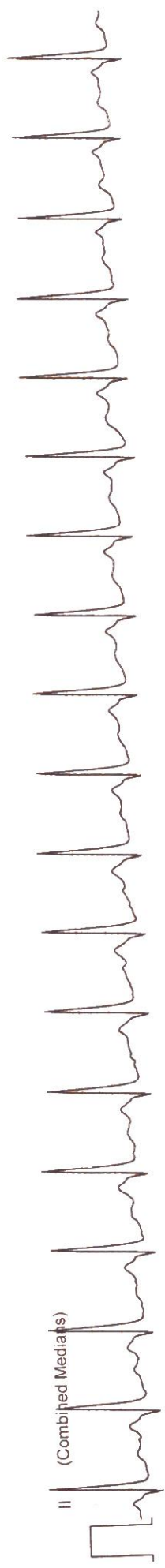
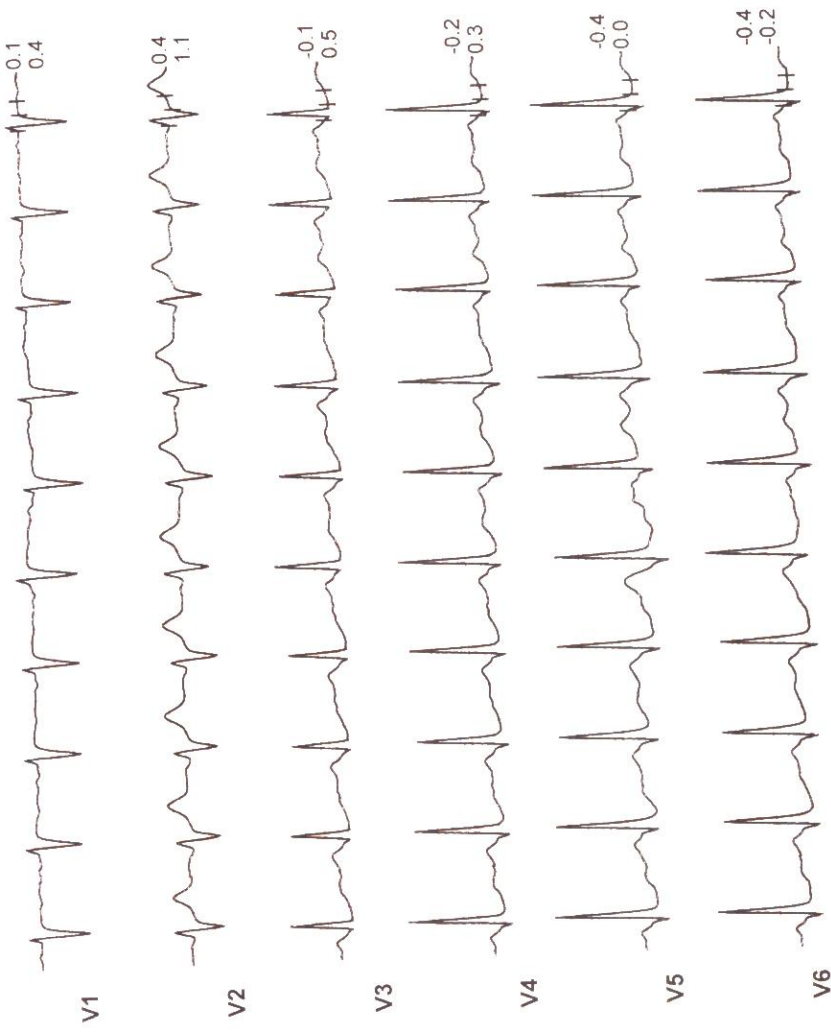
12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

Date: 17/04/2024 08:52:15 AM METs: 1.0 HR: 114 Target HR: 62% of 184 BP: 130/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm Recovery : (02:00)

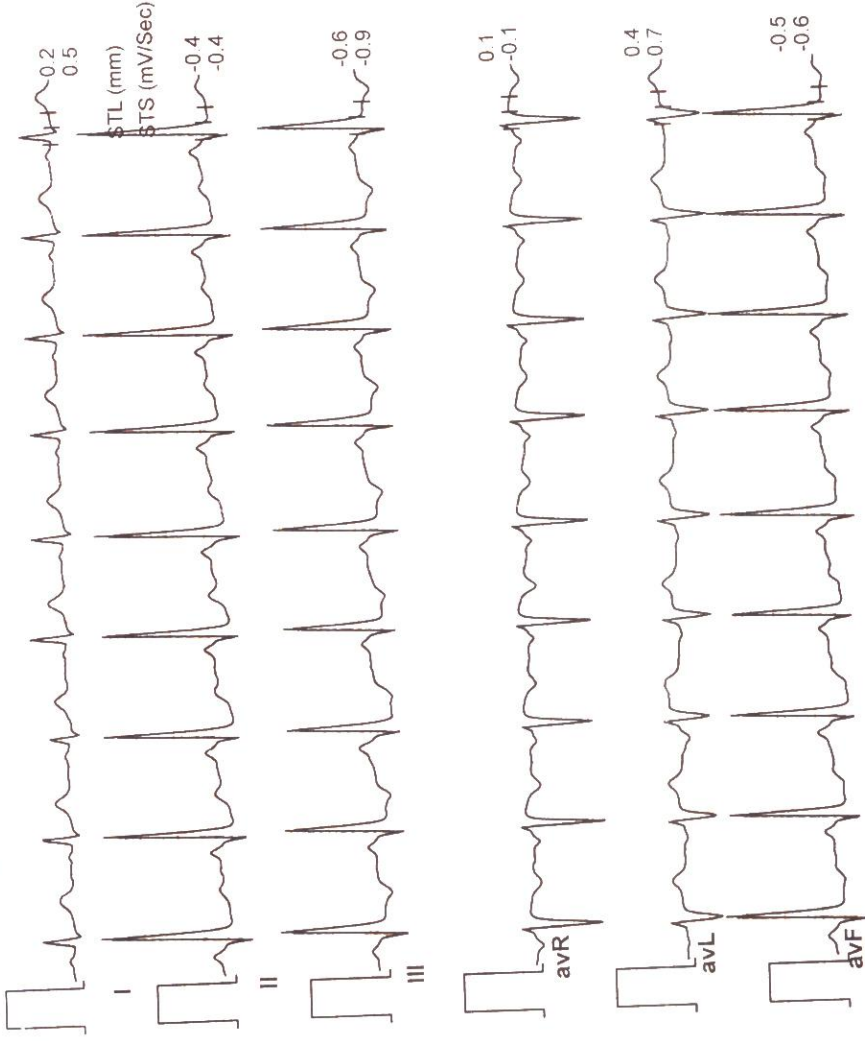
ExTime 08:39 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

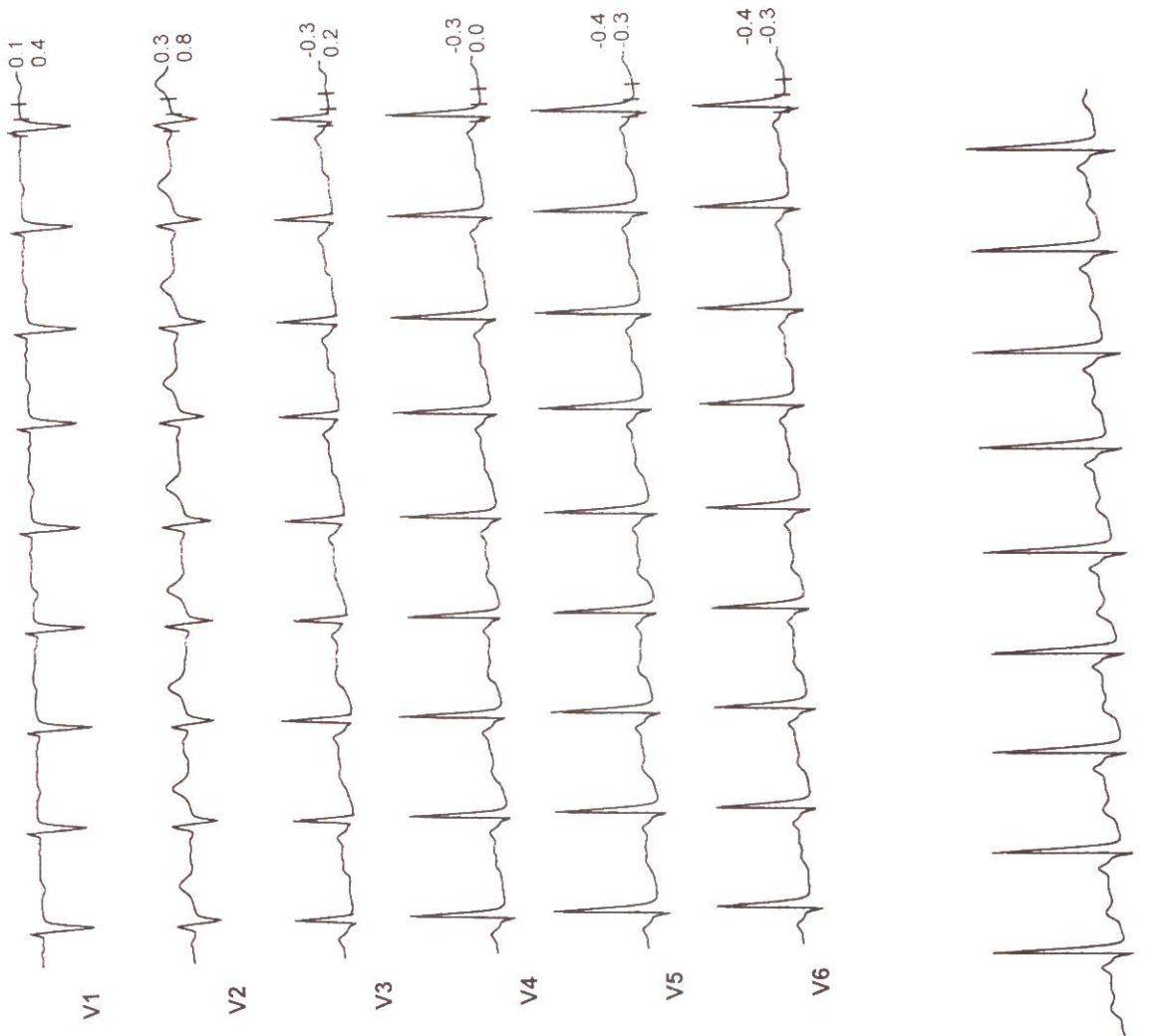
Date: 17 / 04 / 2024 08:52:15 AM METs : 1.0 HR : 112 Target HR : 61% of 184 BP : 120/80 Post J @80mSec



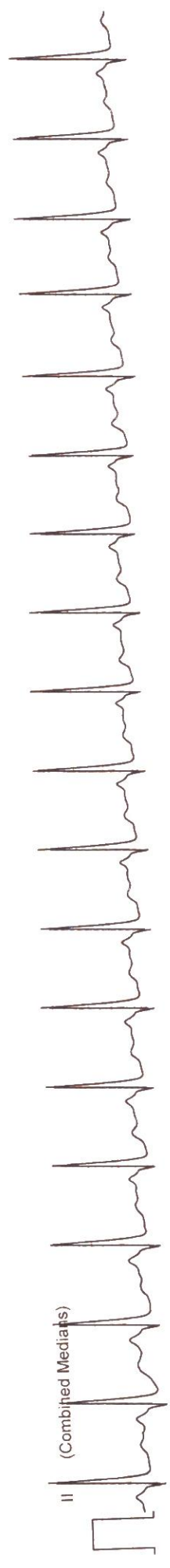
6X2 Combine Medians + 1 Rhythm Recovery : (04:00)

AC+IP/L

ExTime: 08:39 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



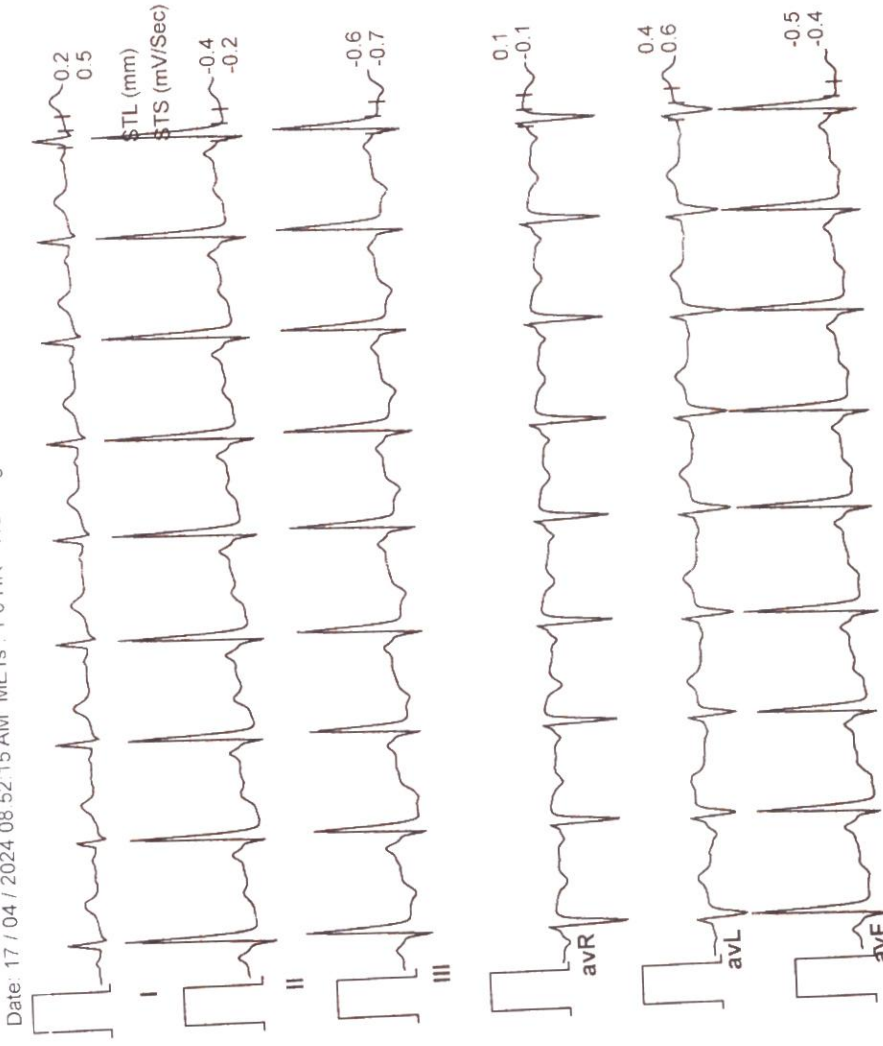
II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347512 / ROSHNI PAWAR / 36 Yrs / Female / 160 Cm / 51 Kg

Date: 17 / 04 / 2024 08:52:15 AM METs : 1.0 HR 113 Target HR : 61% of 184 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm Recovery : (04:11)

ExTime 08:39 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

