



CID : 2409200208  
Name : MRS.PUJA KUMARI  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 01-Apr-2024 / 08:16  
Reported : 01-Apr-2024 / 12:33

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.59	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Measured
MCV	83.7	80-100 fl	Calculated
MCH	24.9	27-32 pg	Calculated
MCHC	29.8	31.5-34.5 g/dL	Calculated
RDW	17.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	3480	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	1151.9	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	330.6	200-1000 /cmm	Calculated
Neutrophils	55.4	40-80 %	
Absolute Neutrophils	1927.9	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	66.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	3.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	19.3	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 Leucopenia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 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	106.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	27.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	49.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.4	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	91.5	35-105 U/L	PNPP
BLOOD UREA, Serum	13.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic



Authenticity Check



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eGFR, Serum	116	(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	4.7	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	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**

PARAMETER	GLYCOSYLATED HEMOGLOBIN (HbA1c)		
	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

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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)	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	2-3		
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

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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 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  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	187.3	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	31.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.0	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	37.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	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	1.38	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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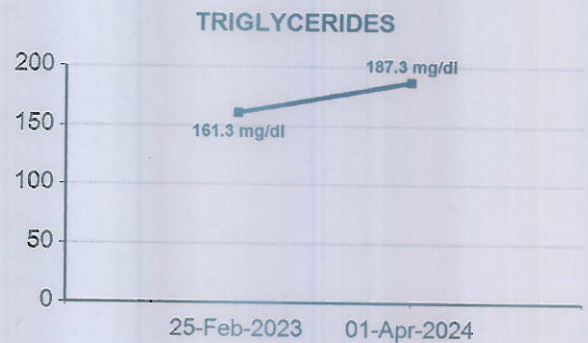
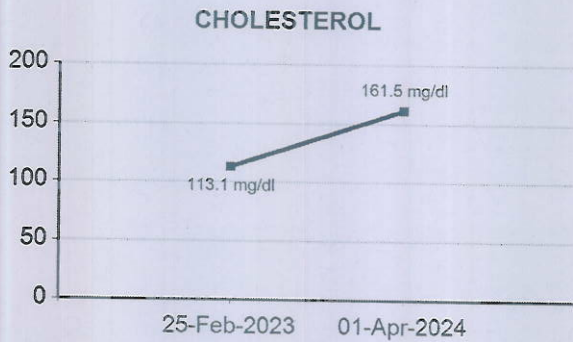
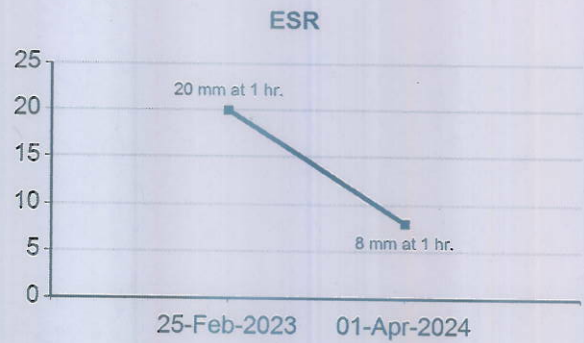
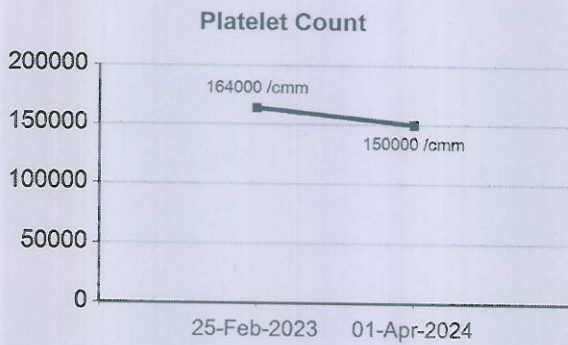
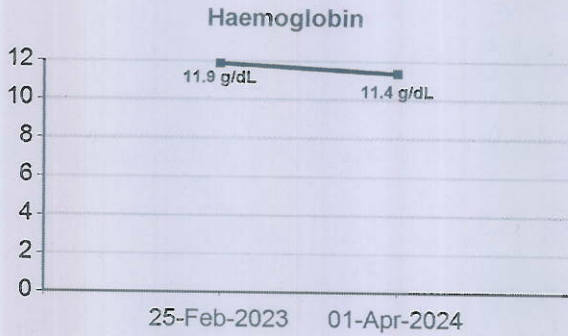
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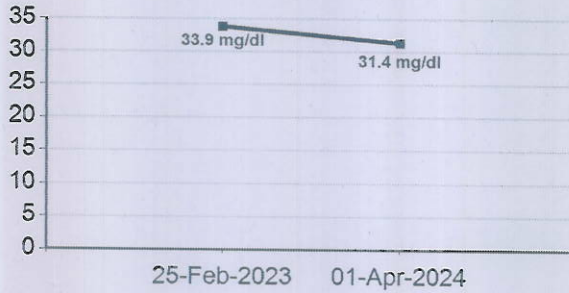




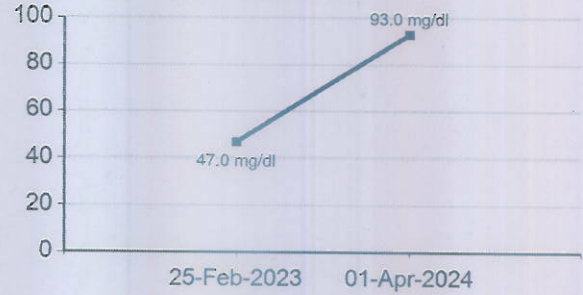
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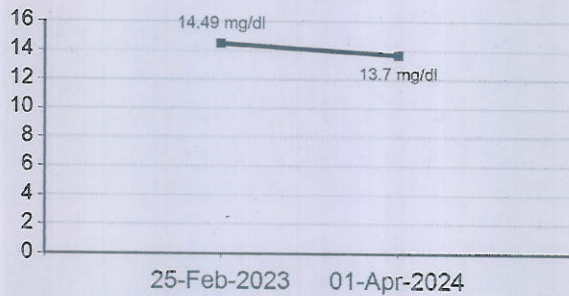
**HDL CHOLESTEROL**



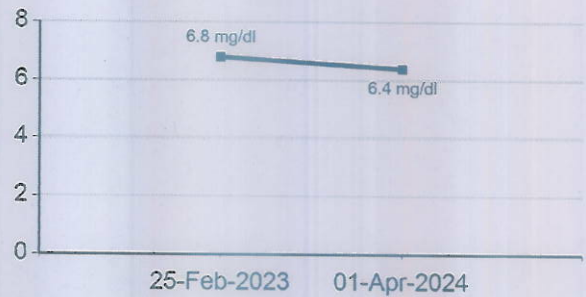
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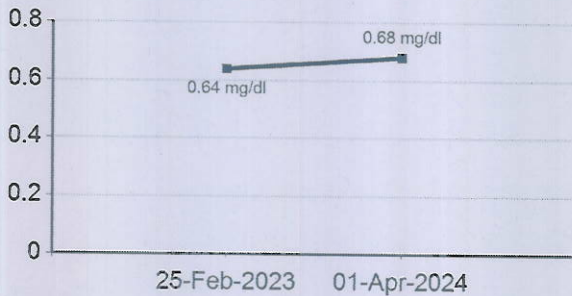
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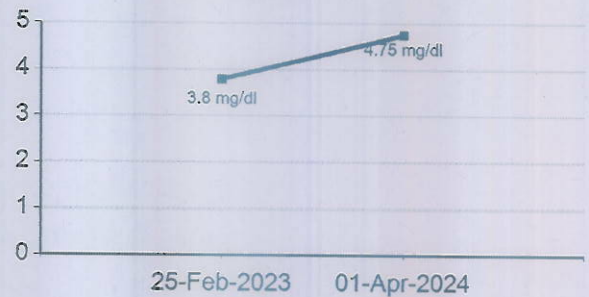
**BUN**



**CREATININE**



**URIC ACID**

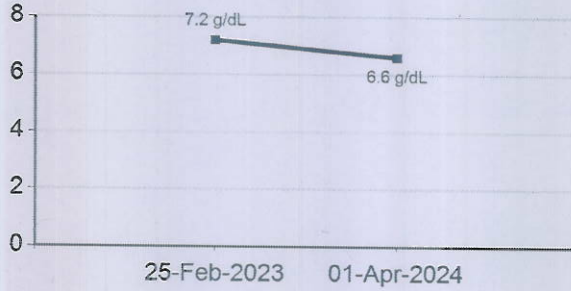




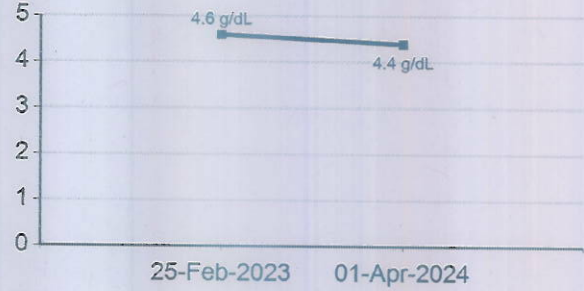
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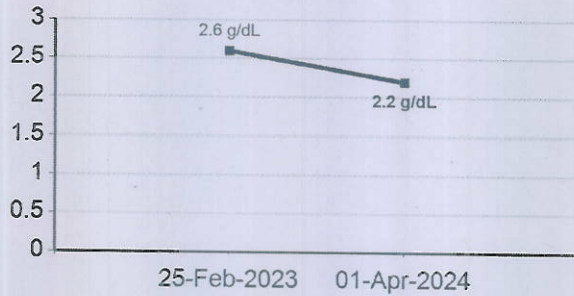
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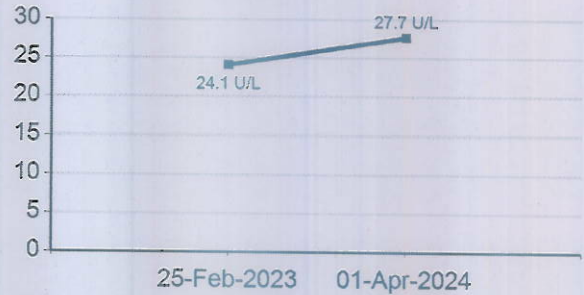
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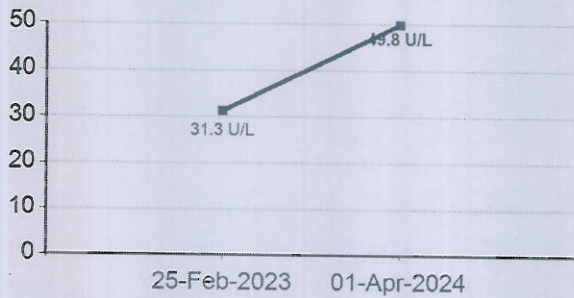
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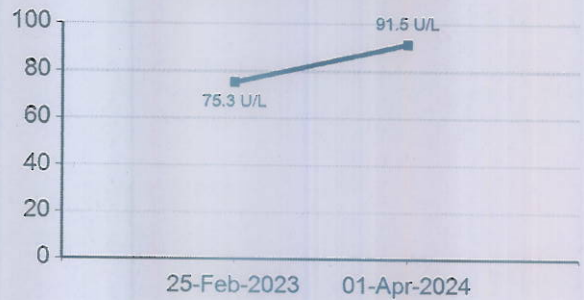
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

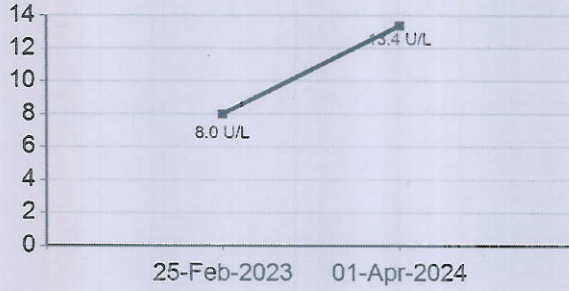




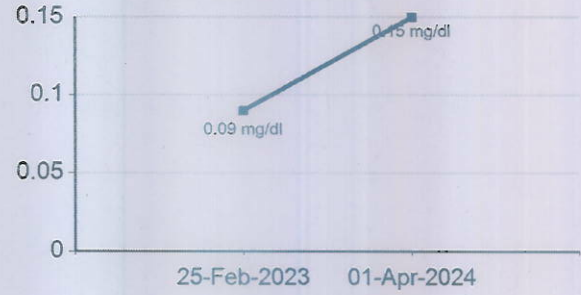
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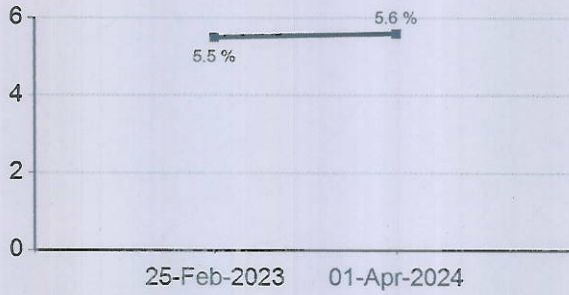
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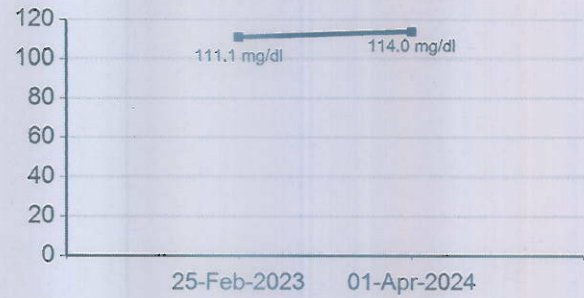
**BILIRUBIN (DIRECT)**



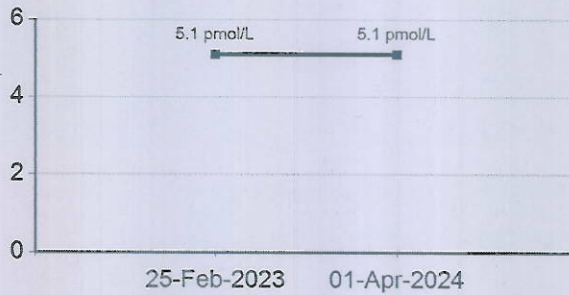
**Glycosylated Hemoglobin (HbA1c)**



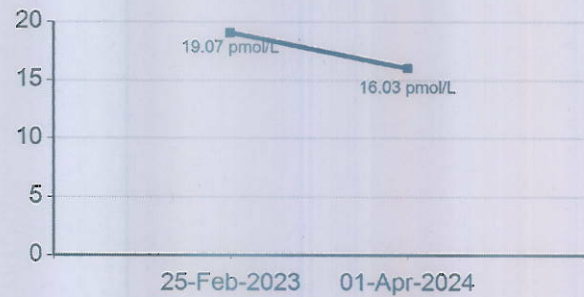
**Estimated Average Glucose (eAG)**



**Free T3**



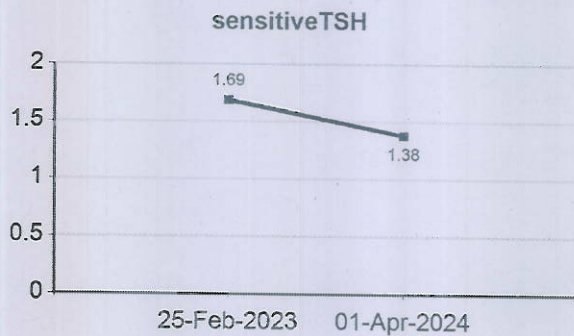
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2409200208  
Name : MRS. PUJA KUMARI  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



Date:- 1/4/24  
 Name:- Raja Kumar  
 CID: 2609 200208  
 Sex / Age: M-36

**EYE CHECK UP**

Chief complaints: RW

Systemic Diseases: NA

Past history: NA

Unaided Vision: 3/60 R 4/60 L

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

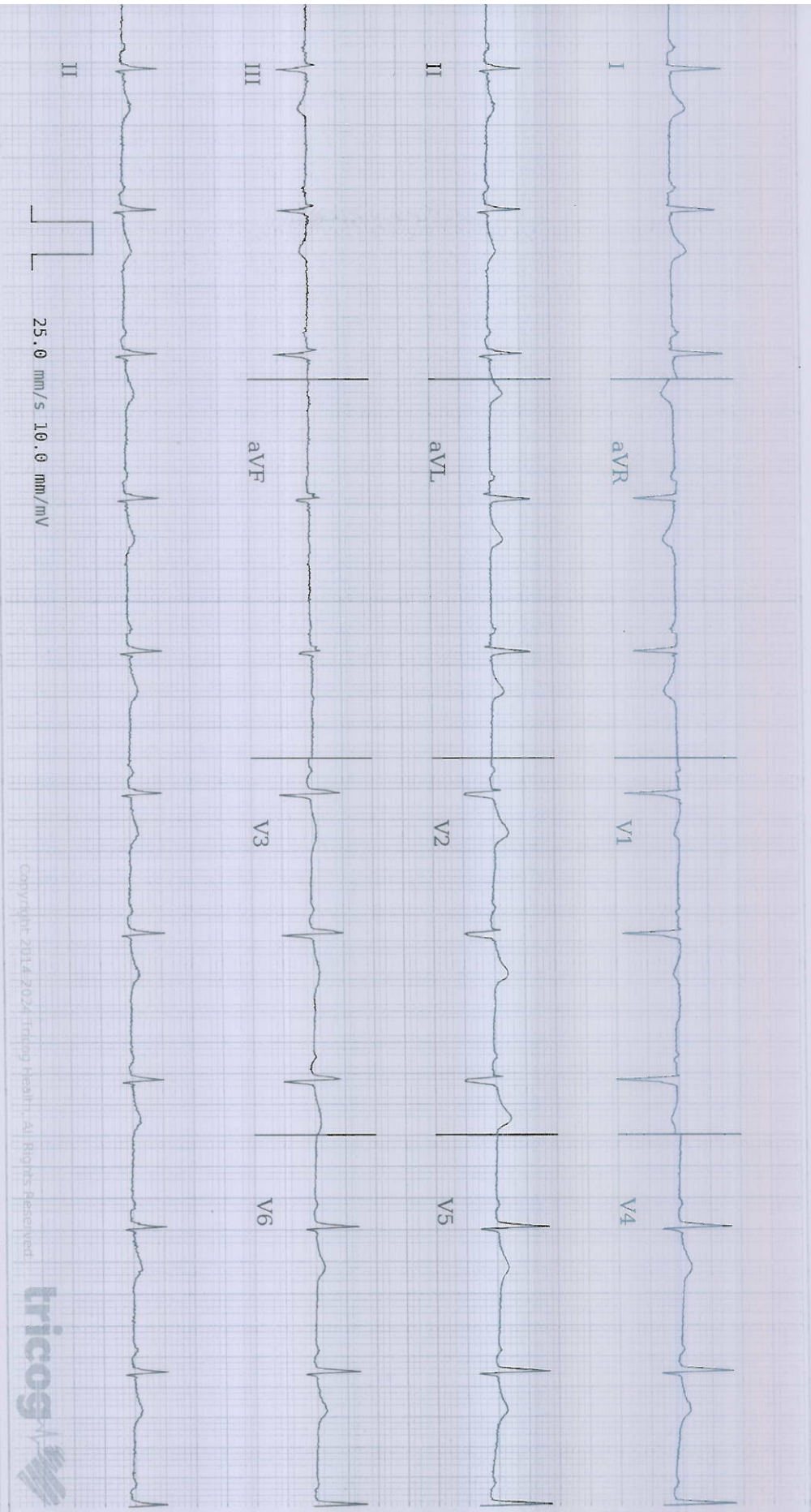
Remark: Good Vision

MR. PRAKASH KUDVA  
 SR. OPTOMETRIST



Patient Name: PUJA KUMARI  
Patient ID: 2409200208

Date and Time: 1st Apr 24 8:51 AM



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Age 36 NA NA  
years months days

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: NA  
Weight: 59 kg  
Height: 153 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 78ms  
QT: 400ms  
QTcB: 419ms  
PR: 146ms  
P-R-T: 5° -1° 1°

REPORTED BY

*Signature*

DR SHALMA PILLAI  
MBBS, MD Physician  
49972

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

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 vital signs entered by the clinician and not derived from the ECG.



CID : 2409200208  
Name : Mrs Puja Kumari  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Date : 01-Apr-2024  
Reg. Location : G B Road, Thane West Main Centre  
Reported : 01-Apr-2024 / 16:10

**X-RAY CHEST PA VIEW**

**Rotation +**

**There is evidence of mildly increased bilateral bronchovascular prominence.**

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**Suggest clinico pathological co-relation.**

-----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?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo- 2024040108071220



CID : 2409200208  
Name : Mrs Puja Kumari  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 01-Apr-2024  
Reported : 01-Apr-2024 / 13:29

**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 partially distended. No obvious 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 10.2 x 4.5 cm. Left kidney measures 10.8 x 4.5 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 measures 5.9 x 4.5 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=2024040108071210>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2409200208  
Name : Mrs Puja Kumari  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 01-Apr-2024  
Reported : 01-Apr-2024 / 13:29

**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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024040108071210>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1999PL033302

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

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



1374 (2409200208) / PUJA KUMARI / 36 Yrs / F / 153 Cms / 59 Kg  
 Date: 01 / 04 / 2024 10:32:10 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	069	38 %	120/70	082	00	
Standing	00:16	0:12	00.0	00.0	01.0	073	40 %	120/70	087	00	
HV	00:27	0:11	00.0	00.0	01.0	074	40 %	120/70	088	00	
ExStart	00:35	0:08	00.0	00.0	01.0	073	40 %	120/70	087	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	144	78 %	140/80	201	00	
PeakEx	04:03	0:28	02.5	12.0	05.1	156	85 %	150/80	233	00	
Recovery	05:03	1:00	00.0	00.0	01.0	128	70 %	150/80	192	00	
Recovery	06:03	2:00	00.0	00.0	01.0	093	51 %	150/80	139	00	
Recovery	06:22	2:20	00.0	00.0	01.0	073	40 %	130/80	094	00	

## FINDINGS :

Exercise Time : 03:28  
 Initial HR (ExStrt) : 73 bpm 40% of Target 184  
 Initial BP (ExStrt) : 120/70 (mm/Hg)  
 Max Workload Attained : 5.1 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V4 & -1.2 mm in PeakEx  
 History : No  
 Test End Reasons : , Heart Rate Achieved

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

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



**EMail:** 13747PUJA KUMARI / 36 Yrs / F / 153 Cms / 59 Kg Date: 01 / 04 / 2024 10:32:10 AM

**REPORT :**

Sample Name: Stress Test Graded Exercise Treadmill

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 73.0 bpm, and the maximum predicted Target Heart Rate 184.0. 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. HR and Blood pressure response to exercise is normal.

**Dr. SHAILAJA PILLAI**

M.D. (GEN.MED)

REG. NO. 49972

Doctor : DR. SHAILAJA PILLAI

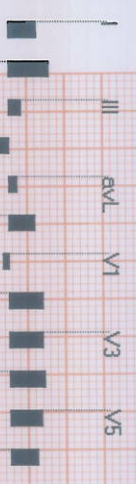
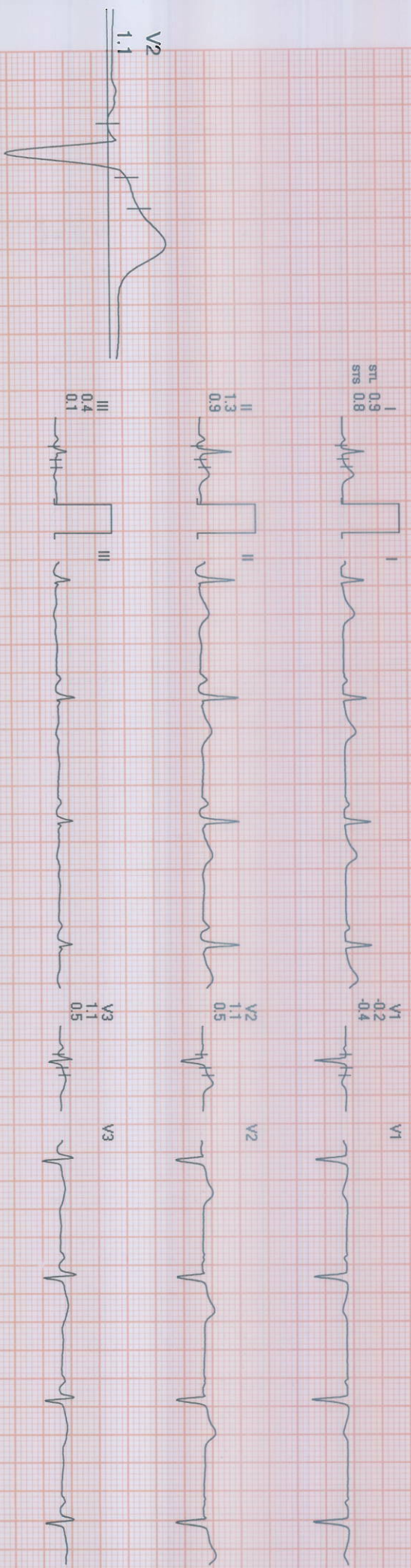


1374 (2409200208) / PULIA KUMARI / 36 Yrs / F / 153 Cms / 59 Kg / HR : 69

Date: 01 / 04 / 2024 10:32:10 AM METS: 1.0/ 69 bpm 38% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS:

1374 (2409200208) / PULIA KUMARI / 36 Yrs / F / 153 Cms / 59 Kg / HR : 73

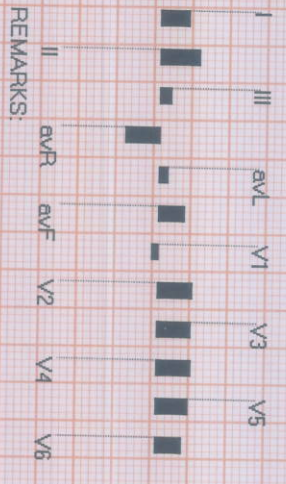
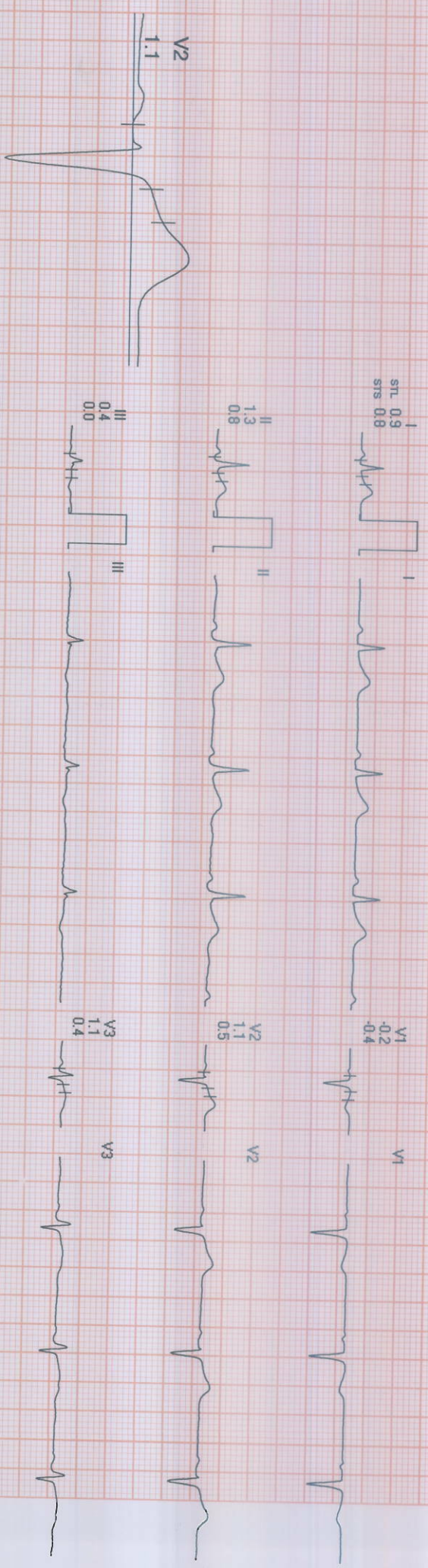
Date: 01 / 04 / 2024 10:32:10 AM  
 4X 80 MS Post J

METS: 1.0/ 73 bpm 40% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

STANDING ( 00:00 )



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



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1374 / PUJA KUMARI / 36 Yrs / Female / 153 Cm / 59 Kg

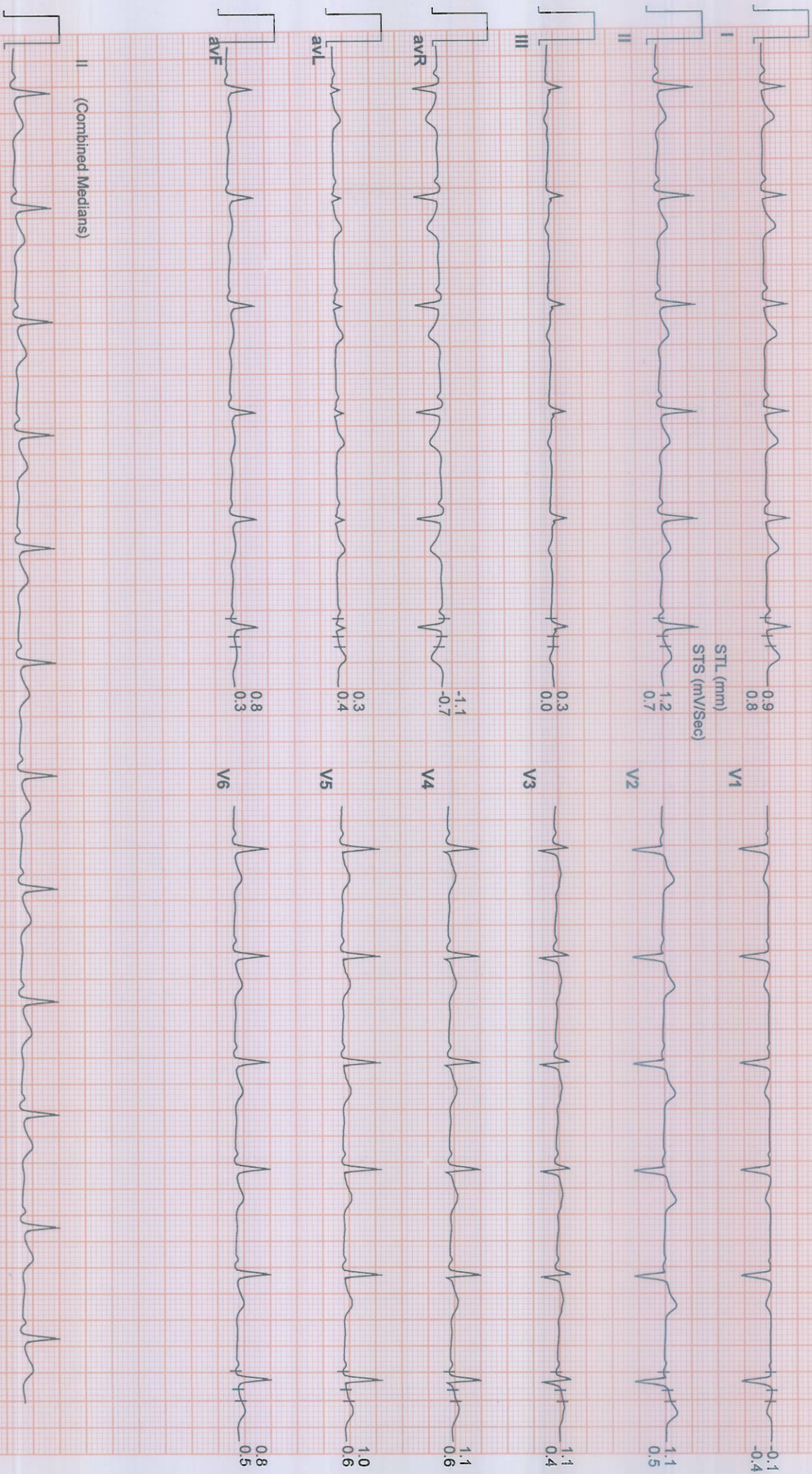
Date: 01 / 04 / 2024 10:32:10 AM METs : 1.0 HR : 74 Target HR : 40% of 184 BP : 120/70 Post J @80mSec

## 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)

1374 / PUJA KUMARI / 36 Yrs / Female / 153 Cm / 59 Kg

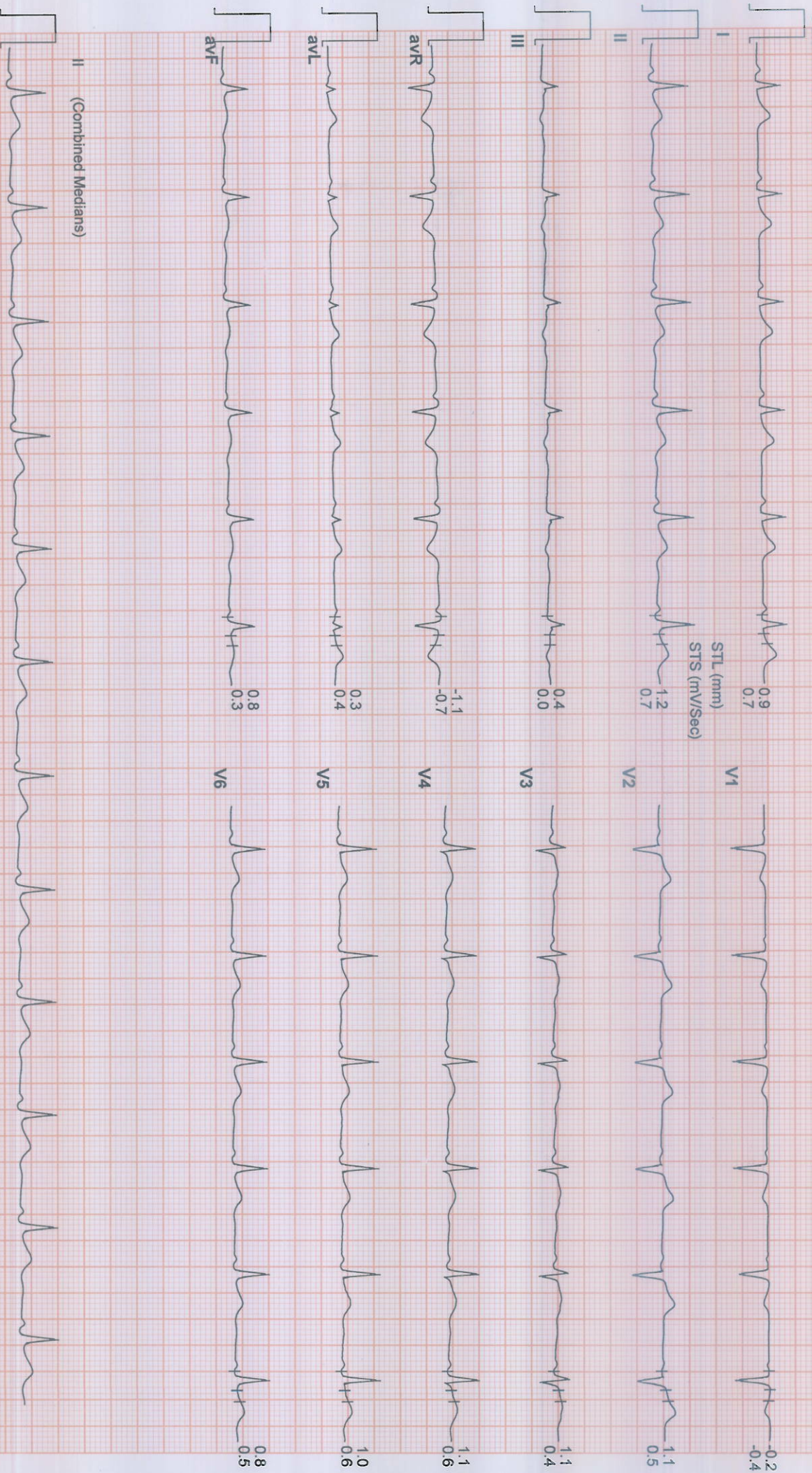
Date: 04 / 04 / 2024 10:32:10 AM METs : 1.0 HR : 73 Target HR : 40% of 184 BP : 120/70 Post U @80mSec

## 6X2 Combine Medians + 1 Rhythm

ExStr



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



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



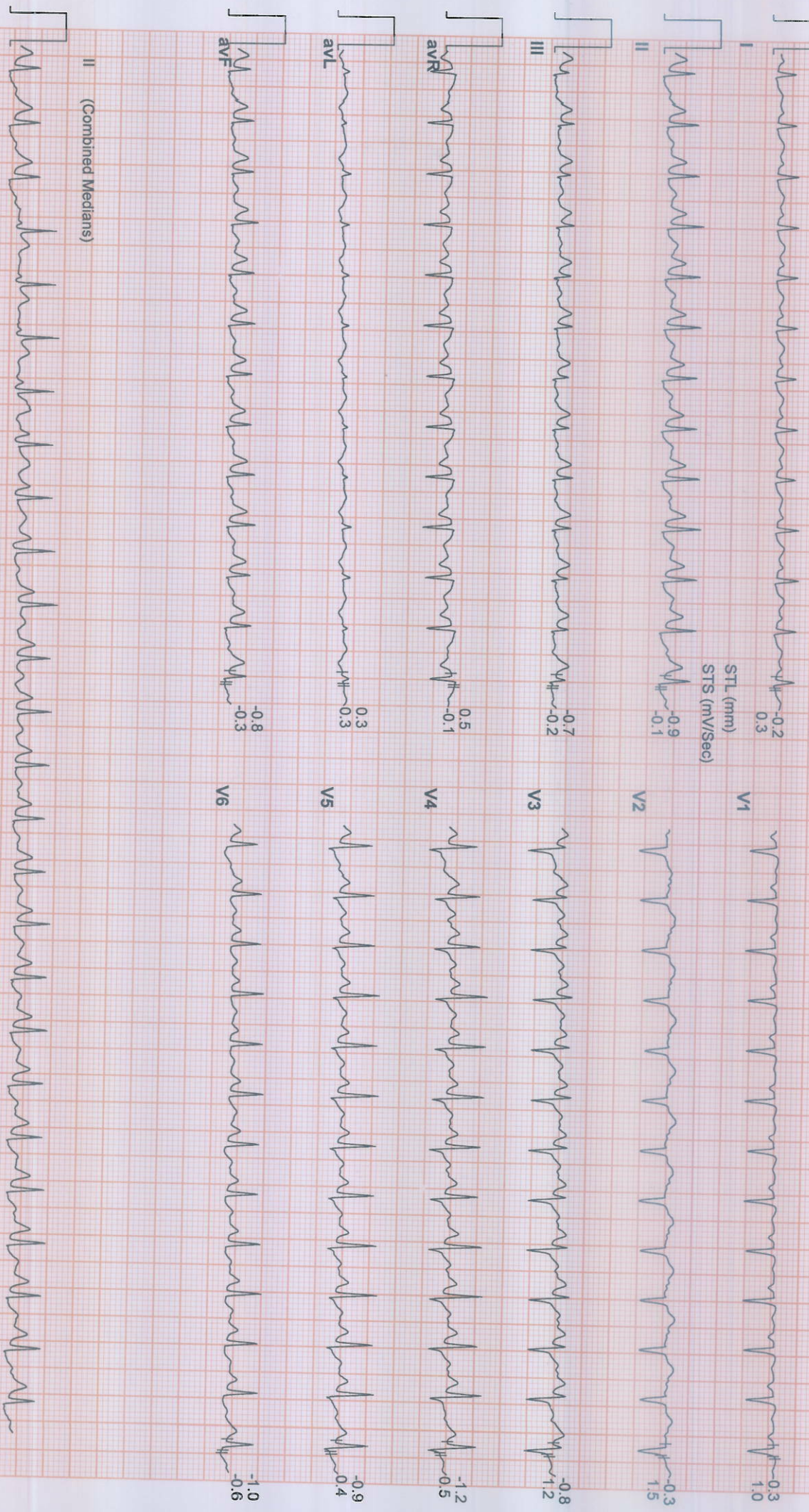
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1374 / PUJA KUMARI / 36 Yrs / Female / 153 Cm / 59 Kg

Date: 01 / 04 / 2024 10:32:10 AM METS : 5.1 HR : 156 Target HR : 85% of 184 BP : 150/80 Post J @20mSec

## 6X2 Combine Medians + 1 Rhythm PeakEX

EXTime: 03:28 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1374 / PUJA KUMARI / 36 Yrs / Female / 153 Cm / 59 Kg

Date: 01 / 04 / 2024 10:32:10 AM METs : 1.0 HR : 93 Target HR : 51% of 184 BP : 150/80 Post J @80mSec

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

ExTime: 03:28 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

