

CID : 2425821639  
Name : MRS.SWAGATA KAMBLE  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

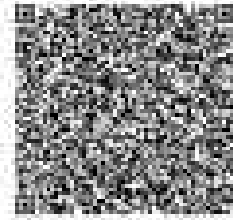
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.93	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8190	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	39.8	20-40 %	
Absolute Lymphocytes	3259.6	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	499.6	200-1000 /cmm	Calculated
Neutrophils	51.5	40-80 %	
Absolute Neutrophils	4217.9	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	188.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	358000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	16.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      11                                      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.

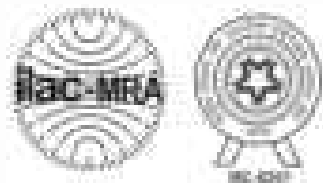
**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

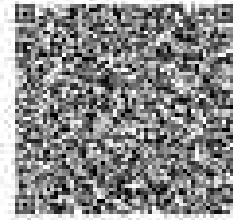
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*B. Mhaskar*

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



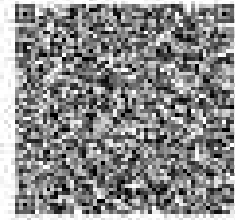
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	103.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	101.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	141.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	97	(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

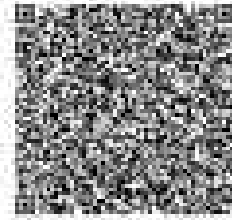
URIC ACID, Serum	6.2	2.4-5.7 mg/dl	Enzymatic
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\*\*\* End Of Report \*\*\*



*B. Mhaskar*

**Dr.KETAKI MHASKAR**  
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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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.

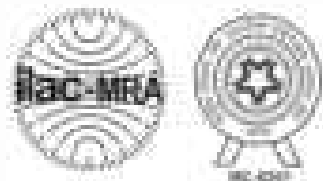
**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

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

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

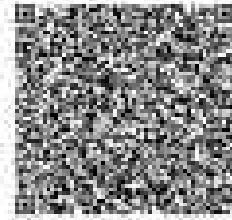
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*B. Khaskar*

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

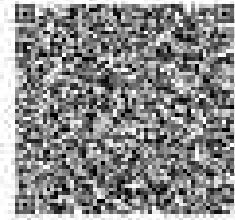


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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.002	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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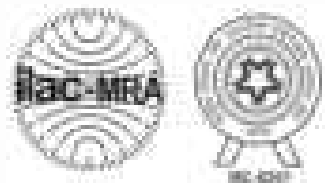
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Note:

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

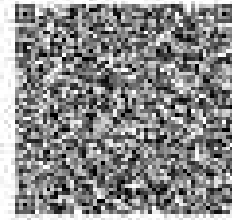
Reference: Pack Insert.

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



*B. Mhaskar*

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



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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 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

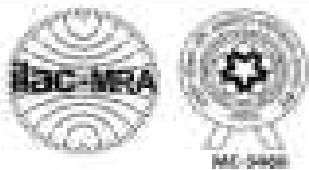
**Limitations:**

- 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

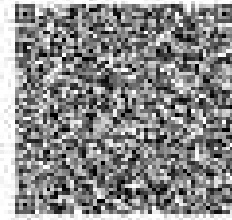
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*Dr. Vrushi Shroff*

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





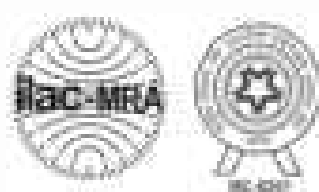
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

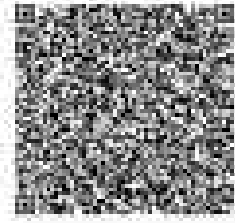
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	188.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	32.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	27.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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



*B. K. Haskar*

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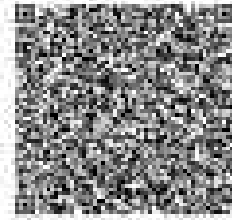
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	6.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	22.0	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	0.006	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA

Result rechecked.  
Kindly correlate clinically.



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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 microU/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:**

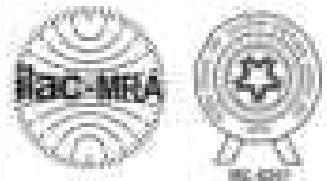
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. 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)

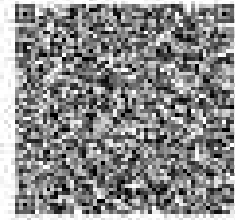
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Reported : 14-Sep-2024 / 19:18

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*B. Mhaskar*

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M.D. (PATH)  
Pathologist

# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SWAGATA KAMBLE

Date and Time: 14th Sep 24 9:29 AM

Patient ID: 2425821639

Age **37** **NA** **NA**  
years months days

Gender **Female**

Heart Rate **73bpm**

### Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

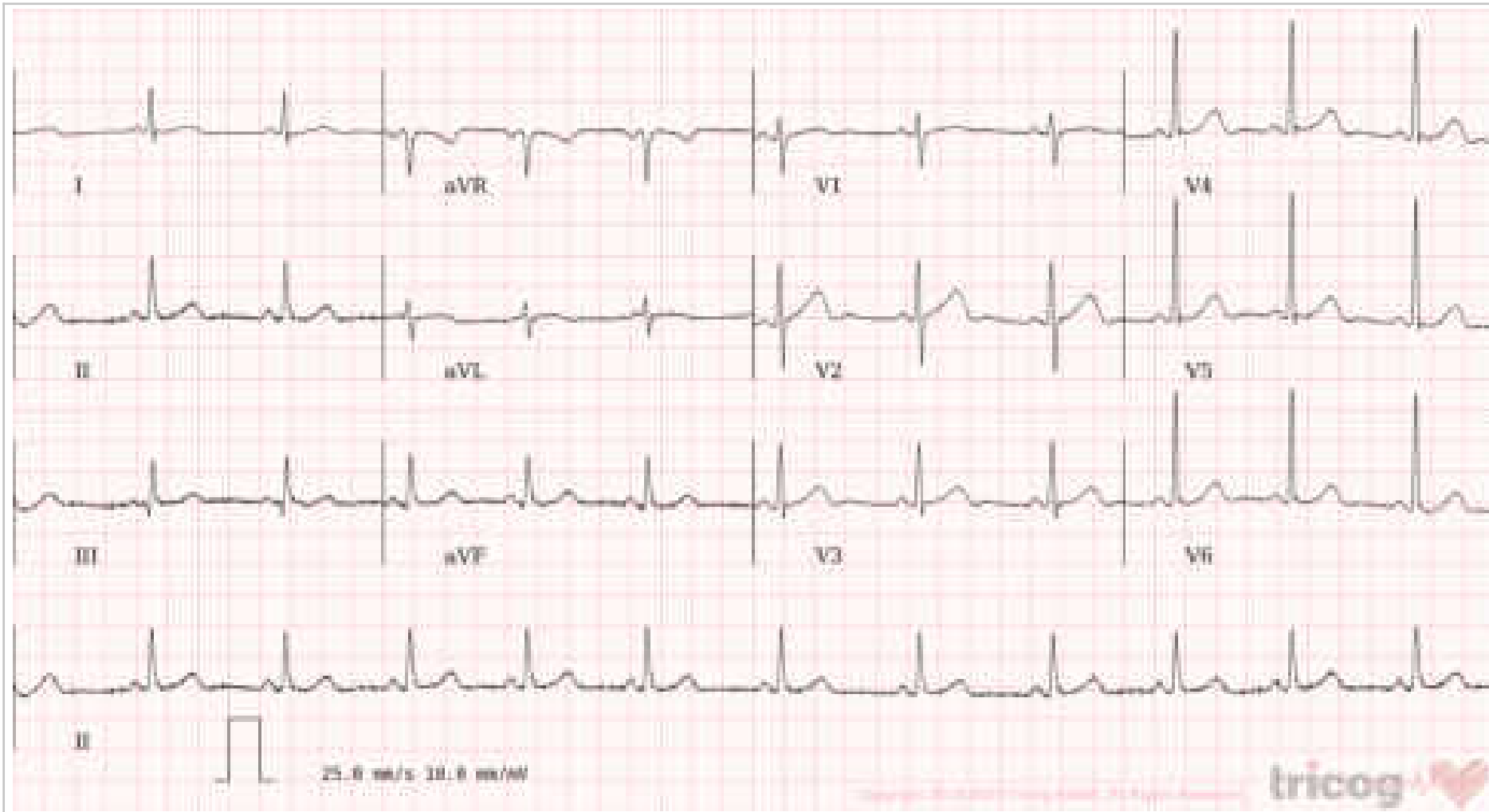
QRSD: 72ms

QT: 396ms

QTcB: 436ms

PR: 120ms

P-R-T: 55° 64° 70°



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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Date: \_\_\_\_\_

Name: **Swagata Kamble** CID: **2425321639**  
 Sex / Age: **37 / F**

**EYE CHECK UP**

Chief complaints: \_\_\_\_\_

Systemic Diseases: \_\_\_\_\_

Past history: \_\_\_\_\_

Unaided Vision:

Aided Vision:

Refraction:

} No. RE LE  
 6/6 6/6  
 N/6 N/6

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

Colour Vision: Normal / Abnormal

Remarks: \_\_\_\_\_

**Suburban Diagnostics (I) Pvt. Ltd.**  
 301 & 302, 3rd Floor, Viti Groundance  
 Above Tropic Jeweller L. T. Road,  
 Borivali (West), Mumbai - 400 092

Name: MRS. SWAGATA KAMBLE

Age / Gender: 37 Years/Female

Consulting Dr.:

Reg. Location: (Sion West (Main Centre))

Collected: 14-Sep-2024 / 08:37

Reported: 14-Sep-2024 / 15:53

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Nil

### EXAMINATION FINDINGS:

Height (cms): 161  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 120/80  
Pulse: 78/min

Weight (kg): 75  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

### Systems

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

### IMPRESSION:

Sx H/O Hypertension +  
H/O DM +

Endocrinopathy  
Sx DM

### ADVICE:

\* TSH ↓

### 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

425821839

MRS SWAGATA KAMBLE

Gender : 37 Years/Female

Consulting Dr. :

Collected : 14-Sep-2024 / 08:37

Reg Location : Borival West (Main Centre)

Reported : 14-Sep-2024 / 15:53

- 8) Thyroid/ Endocrine disorders Hypothyroidism Since 4 Yrs
- 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 Veg
- 4) Medication Yes, Methimazole

**DR. NITIN SONAVANE**  
M.D.B.S.A.P.H. O.D.M.S. D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. 57714

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

  
**DR. NITIN SONAVANE**  
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.  
3018-302, 3rd Floor, Vast Elegance  
Above Taurus, Plot L. T. Road,  
Borival West, Mumbai - 400 092



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Name: **SWAGATA KAMBLE**

Date: 14-09-2024 Time: 09:34

Age: 37 Gender: F Height: 161 cms Weight: 75 Kg ID: 2425821039

Clinical History: **HYPERTHYROIDISM**

Medications: **T METHIMAZOLE**

**Test Details:**

Protocol: **Bruce** Predicted Max HR: **183** Target HR: **135 (85% of Pr. MHR)**  
 Exercise Time: **0:06:39** Achieved Max HR: **162 (89% of Pr. MHR)**  
 Max BP: **150/70** Max BP & HR: **24:00** Max Meta: **7.4**  
 Test Termination Criteria: **TEST COMPLETE**

**Protocol Details:**

Stage Name	Stage Time	METS	Sprint Count	Grade %	Heart Rate (bpm)	BP (mmHg)	HRP	Max ST Level (mm)	Max ST Slope (mV/s)
Supine	00:07	1	0	0	64	100/70	6400	0.0 V2	-0.4 01
Standing	00:08	1	0	0	68	100/70	6800	0.7 V2	-0.1 01
HyperVentilator	00:07	1	0	0	67	100/70	6700	0.8 V2	-0.1 01
Pre Test	00:08	1	1.8	0	70	100/70	7000	0.8 V2	-0.3 01
Stage 1	00:08	4.7	2.7	10	111	100/70	11100	-0.4 02	-0.4 01
Stage 2	00:10	7	4	12	140	100/70	14000	-1.0 V2	1.3 V2
Peak Exercise	00:09	7.4	2.2	18	162	100/70	24100	-1.5 V2	1.3 V2
Recovery 1	01:00	1	0	0	120	100/70	19100	0.0 V2	1.8 V2
Recovery 2	01:00	1	0	0	100	100/70	15000	0.8 V2	1.6 V2
Recovery 3	01:00	1	0	0	80	100/70	12000	0.8 V2	1.8 V2
Recovery 4	01:00	1	0	0	95	100/70	12700	-0.0 01	-0.0 01
Recovery 5	01:19	1	0	0	91	100/70	10000	0.8 V2	-0.4 01

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:39 achieving a work level of 7.4 METS.  
 Resting Heart Rate, initially 64 bpm rose to a max. heart rate of 162bpm (89% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg.  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias.  
 No Significant ST-T Change Noted During Exercise Stress test **Negative** for Stress inducible Ischaemia.

Suburban Diagnostics (I) Pvt. Ltd.  
 301& 302, 3rd Floor, Vani Elegance  
 Above Tanisq Jeweller, L. T. Road,  
 Borivali (West), Mumbai - 400 002

**DR. NITIN SONAVANE**  
 M.B.B.S.FELM D.DIAB. D.CARD  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. 87714



Doctor: **DR. NITIN SONAVANE**

Ref. Doctor: —

**SCHILLER**  
 The Art of Diagnostics

© Diagnostic Report edited by User 1  
 Cardiac (S-16) Version 1.4

SWAGATHA KAMBLE (37 F)

SUBURBAN DIAGNOSTICS PVT. LTD. BORYVALLI

Device Protocol  
V1:LeadII, aVL, aVF, V1, V2, V3, V4, V5, V6

ID: 2023011609  
Setup Status

Date: 14/09/2023  
Speed: 6 mm/s

Exam Time: 00:00:00  
Strip(s): 04

Page Time: 00:01  
Time: 155:00s

HR: 64 bpm

ECG: 100/79 mmHg  
STANDARD STRIP(S) V1

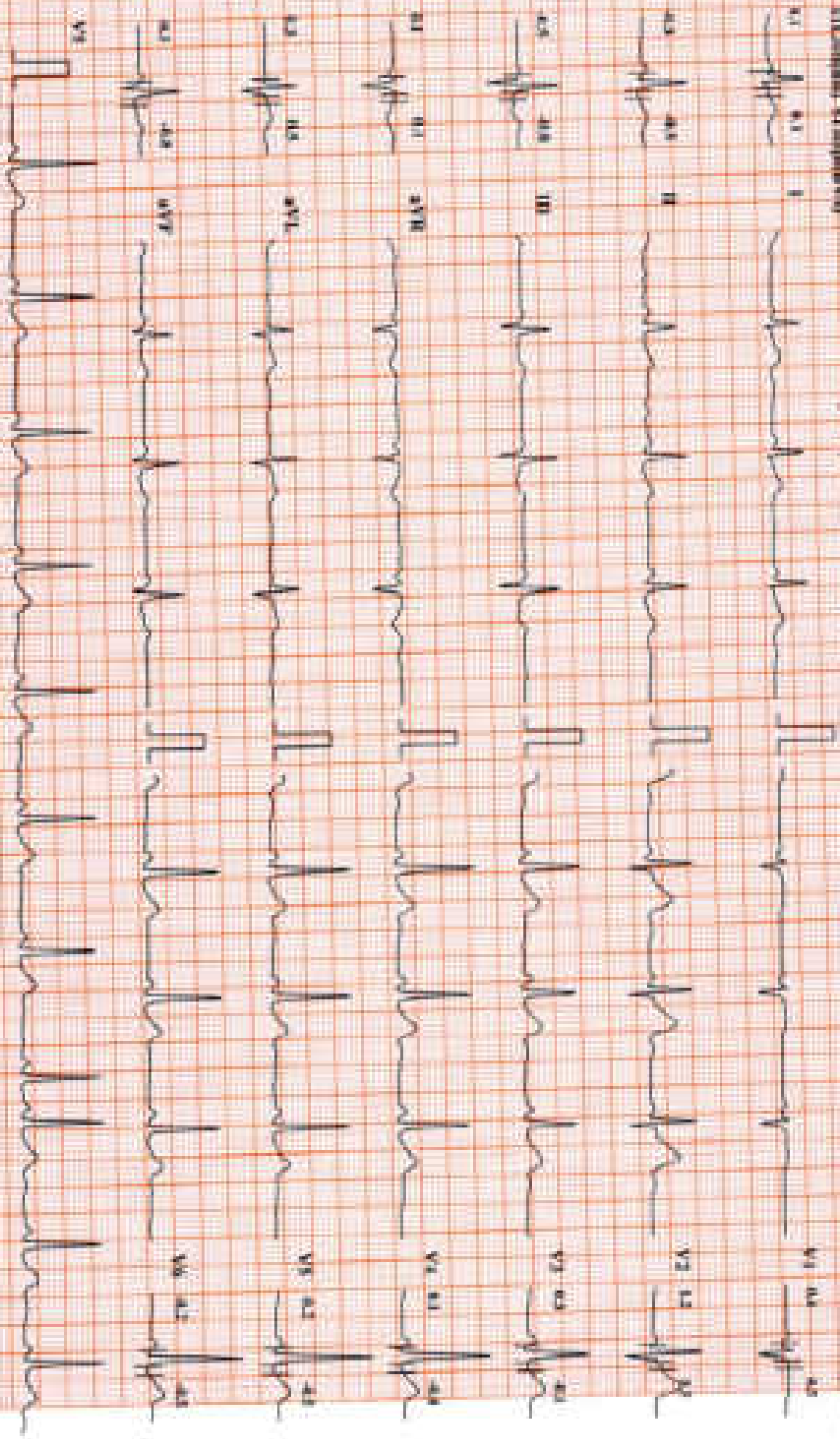


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 50Hz Paper: 25 Hz Speed: 25 mm/sec

Suburban Diagnostics Pvt. Ltd. Boryvalli

### SEBUBAN DIAGNOSTICS PVT. LTD. BORIWALI

SWAGATA KANBIRE (37 F)

Printed on: 20/05/2024  
STANDARD STRIP (100/25)

DR. RAJESH KUMAR  
Sange Sange

Time Interval:  
Speed: 0

Time: 09:00:00  
Speed: 25

Sage Time: 00:00  
Pulse: 137 bpm

HR: 59 bpm

IP: 100/70 mmHg  
STANDARD STRIP (100/25)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25Hz

Moda Filter: ON

60-0.5-0.05 sec, 1.2-0.05 sec, 2.5-0.05 sec

Software: Virent-Gen-Pro-Print-2.0

SWAGATA KANDEL (37 F)

Print Period  
STANDARD STRIP

SUBURBAN DIAGNOSTICS PVT. LTD. BORNIVALLI

ID: 24031619

Date: 14-07-2024

Time: 08:00

Strip Time: 10:07

Strip: Hyper Ventilation

Speed: 0

Speed: 0%

TIME: 157 (min)

HR: 66 bpm

BP: 100/70 mmHg  
STANDARD STRIP



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Strip: 25 Hz

Strip: 25 Hz

Strip: 25 Hz

Strip: 25 Hz

Strip: 25 Hz

Strip: 25 Hz

Suburban Diagnostics

SWAGATA KAMBLE (37 F)

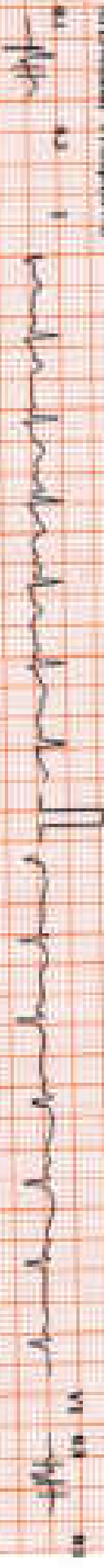
Diagn Protocol  
S1 Standard / S1 Diagnostic

SUMI RHAN DIAGNOSTICS PVT. LTD. BORIWALL

10-21-2023  
Page: 1  
Date: 14-09-2023  
Speed: 2.75mph  
Run Time: 00:00  
Time: 10:23  
Says Time: 00:00  
Time: 10:23pm

HR: 115 bpm

HR: 100/70 resting  
S1 Standard / S1 Diagnostic





# SIEBERRAN DIAGNOSTICS PVT. LTD. BHOIVALI

SWAGATA KAMBLE (37 D)

Base Protocol

ID: 21092109

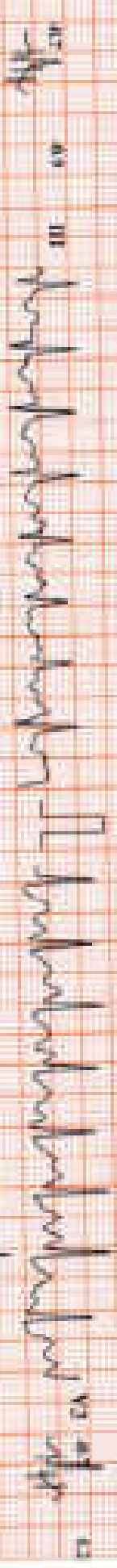
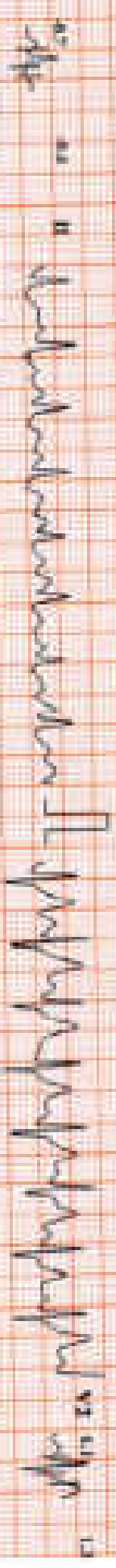
Date: 14-09-2019

Injection: 100000

Seq Time: 0300

HR: 146 bpm  
BP: 94/76 mmHg  
Saturated: 98%

Standard: 100000000



**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

**HR: 162 bpm**

HR: 150/70 mmHg  
 RR: 18/Minute  
 SpO2: 98%

**SWAGATA KAMBLE (GTD)**

07-11-2024

Date: 11-09-2024

Exe Time: 05:30 PM  
 Site: ILS

Sample Time: 09:30  
 HR: 150 bpm

12-Lead ECG (Standard)

I:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

II:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

III:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

aVR:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

aVL:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

aVF:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

V1:  $\overline{P}$  1.5ms, QRS 110ms, ST 0.1mV, T 0.5mV, HR 72, RR 100

Chart Speed: 25 mm/sec

Amplitude: 1mm/mV

Filter: 25 Hz

Male: 70 years, 65 kg

Suburban Diagnostics Pvt. Ltd.

### SUBERBAN DIAGNOSTICS PVT. LTD. BORNIVALL

SWAGATA KAMBLE (37 F)

Date Printed  
Standard Measurement

to 2400000  
Scale (Knots)

Date 10/01/2018  
Speed (Knots)

File Time 06:00  
Scale 1:1

Scale Time 07:00  
Time 15:45pm

Hire: 129 bpm

IP: 150/70 mmHg  
Standard Measurement



Chart Speed: 25 mm/sec

Amplitude: 10 mm/mV

Paper: 25 Hz

Scale: 1:1

Suberban Diagnostics Pvt. Ltd.



# SUBURBAN DIAGNOSTICS PVT. LTD. BORIWALLI

SWAGATA KAMBLE (37 F)

Room No: 1001

ID: 20231129

Date: 11-09-2023

Time: 10:00 AM

Sign Time: 11:00

HR: 106 bpm

BP: 120/70 mmHg

Stress: 100 mmHg

Sitting: 100 bpm

Scope: Normal

Speed: 0.1m/s

Scope: 1.5

HR: 100 bpm

HR: 106 bpm

BP: 120/70 mmHg

Stress: 100 mmHg



Start Speed: 25 mm/min

Amplitude: 10mm/mV

Paper: 25 (0.5) mm/Sec

HR: 106 bpm

HR: 106 bpm

SWAGNATA KAMBLE (37 F)

SUBURBAN DIAGNOSTICS PVT. LTD. HORIVALI

Dr. Prasad  
Siddheshwar, Shivajinagar

ID: 20201651  
Date: 09/09/2024  
Speed: 25mm/s

Date: 09/09/2024  
Speed: 25mm/s

Time: 10:00  
Scale: 1cm

Time: 10:00  
Date: 09/09/2024

HR: 94 bpm

HR: 100 bpm  
Siddheshwar, Shivajinagar



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 25 Hz, 50mm, Paper: 0.1s

Printed: 09/09/2024 10:00 AM

SWAGATA KAMBLE (37 F)

SUBURBAN DIAGNOSTICS PVT. LTD. BORNIVALL

Pace: Normal  
ST-T: normal ST-segment

ID: 20220124  
Single rhythm

Date: 14/01/2024  
Speed: 25 mm/s

Rate: 95 bpm  
Strip: 075

Strip Time: 01:00  
TIME: 15:23 pm

HR: 95 bpm

RR: 16/min, regular  
ST-T: normal ST-segment

II I



V1 V2

III II



V3 V4

aVR III



V5 V6

aVL aVR



V7 V8

aVF AVL



V9 V10

V4 V3



V11 V12

V6 V5



V13 V14

Lead Speed: 25 mm/s

Amplitude: 10 mm/mV

Filter: 25 Hz

ECG: 12-lead

Suburban Diagnostics Pvt. Ltd.

SWAGATA KAMHLE (37 F)

SUEBRAN DIAGNOSTICS PVT. LTD. BORYVAIL

Heart Period

HR: 91 bpm

HR: 91 bpm

Time: 00:00

Page Time: 00:11

ST-Trend: ST segment

HR: 91 bpm

HR: 91 bpm

Time: 00:00

Page Time: 00:11

I II



VR VL

aVR aVL



V1 V2

aVF aVF



V3 V4

V5 V6



V7 V8

V9 V10



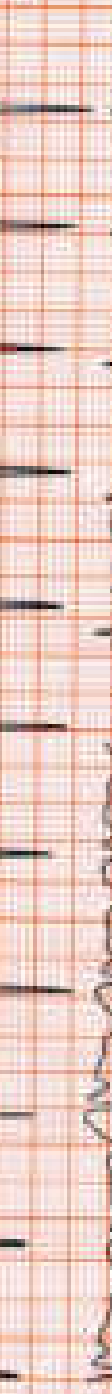
V11 V12

V13 V14



V15 V16

V17 V18



V19 V20

V21 V22



V23 V24

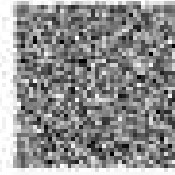
Lead Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 25mm/5mm ECG-DR

HR: 91 bpm

HR: 91 bpm



**CID** : 2425821639  
**Name** : Mrs SWAGATA KAMBLE  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 14-Sep-2024  
**Reported** : 14-Sep-2024/12:05

**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:**

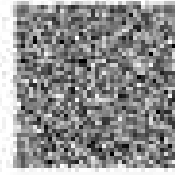
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**Kindly correlate clinically.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061076,



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2425821639  
**Name** : Mrs SWAGATA KAMBLE  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 14-Sep-2024  
**Reported** : 14-Sep-2024/12:05