



CID : 2405700601  
Name : DR (MS).NEHA KUMARI  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 26-Feb-2024 / 09:20  
Reported : 26-Feb-2024 / 11:47

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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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.02	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.5	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6130	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.8	20-40 %	
Absolute Lymphocytes	1642.8	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	373.9	200-1000 /cmm	Calculated
Neutrophils	64.0	40-80 %	
Absolute Neutrophils	3923.2	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	171.6	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	164000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Calculated
PDW	30.1	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	Megaplatelets seen on smear
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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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

**Dr. IMRAN MUJAWAR**  
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	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	25.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic



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Collected : 26-Feb-2024 / 16:31  
Reported : 26-Feb-2024 / 22:34

eGFR, Serum	114	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.4	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 Panvel Lab, Panvel East  
\*\*\* End Of Report \*\*\*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 Panvel Lab, Panvel East

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

*Sonia Kher*

**Dr.SONIA KHER**  
**M.D. (PATH)**  
**Pathologist**



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Collected : 26-Feb-2024 / 09:20  
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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	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	

**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 Panvel Lab, Panvel East

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

*Sonia Kher*

**Dr.SONIA KHER**  
**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	B
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 \*\*\*



*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	163.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	95.8	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	55.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East  
\*\*\* End Of Report \*\*\*

*Sonia Kher*

**Dr.SONIA KHER**  
**M.D. (PATH)**  
**Pathologist**





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 Reported : 26-Feb-2024 / 14:10

**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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	4.47	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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Consulting Dr. : -  
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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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East  
\*\*\* End Of Report \*\*\*

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



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**Reg. Location** : Vashi Main Centre

**Reg. Date** : 26-Feb-2024  
**Reported** : 26-Feb-2024 / 18:21

**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. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022609141485>





CID : 2405700601  
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Age / Sex : 38 Years/Female  
Ref. Dr :  
Reg. Location : Vashi Main Centre

Reg. Date : 26-Feb-2024  
Reported : 26-Feb-2024 / 10:58

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.6 x 4.0 cm.  
Left kidney measures 10.4 x 3.6 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022609141470>





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**UTERUS:**

The uterus is anteverted and appears bulky. It measures 9.6 x 3.8 x 5.6 cm in size. The endometrial thickness is 7.4 mm.

**OVARIES:**

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.8 x 1.5 cm  
Left ovary = 3.6 x 1.6 cm

**IMPRESSION:-**

**Bulky uterus.**

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

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SIRIPBAN DIAGNOSTIC (I) PVT LTD.  
Flat No. 101 ANAND SAGAR CHS  
ABOVE RAJKAMAL SHOP  
SECTOR - 17, VASHI,  
NAVI MUMBAI - 400703

भारत सरकार  
Government of India

नेहा कुमारी  
Neha Kumari  
जन्म तिथि / DOB : 05/07/1985  
लिंग / Gender : महिला / Female



8615 6904 1173

आधार - आम आदमी का अधिकार

  
**Dr. Aika Patnaik**  
M.B.S.C.G.O., Nagpur Reg. No. 73567  
Dip. Psychotherapy - U.K. Reg. No. CF395  
PGDHM

DATE :- 24/2/2024

To,

**Suburban Diagnostics (India) Private Limited**

**SHOP NO 22 RAIKAR BHAVAN**

**NEAR NAVARATNA HOTEL**

**SECTOR 17 VASHI NAVI MUMBAI 400703**

**Phone No :- 022 6170 0000**

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Neha Kumari

don't want to performed the following tests:

- 1) Stork Sample.
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date : 2405700601

Corporate/ TPA/ Insurance Client Name : Ascofemi

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Neha.)



**PHYSICAL EXAMINATION REPORT**

Patient Name	Dr Ms Neha Kumari	Sex/Age	F/38
Date	26/02/24	CID	2405700601

**History and Complaints**

No Benign swelling in Axilla

**EXAMINATION FINDINGS:**

Height (cms):	161 cm	Temp (0c):	Normal
Weight (kg):	64 kg	Skin:	Normal
Blood Pressure	110/70	Nails:	Normal
Pulse	64 bpm	Lymph Node:	NP
BMI	24.7		

**Systems :**

Cardiovascular:	S. & J. Loud NO murmur
Respiratory:	A&BS
Genitourinary:	Normal
GI System:	Normal
CNS:	giddner ser

**Impression:** All other available reports, all within normal limits  
USG Abdomen - Biliary stones

**Advice:** Sonomammography



**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
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	Normal
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	Joint pain stiffness.
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	NO

SUBURBAN DIAGNOSTIC (I) PVT LTD,  
ANAND SAGAR CHS  
ADJ. TO RAJKAMAL SHOP  
SECTOR - 17, VASHI,  
NAVI MUMBAI - 400705



**Dr. Alka Patnaik**  
M.B.B.S. C.G.O., Nagpur Reg. No. 73367  
Dip. Psysextherapy - U.K. Reg. No. OF395  
PGDHM

Date: 20/02/29

CID: 240570060 /

Name: Dr Mrs Neha kumari

Sex / Age: 12 / 38

**EYE CHECK UP**

Chief complaints: Blurry vision

Systemic Diseases: NO

Past history: Large dot in both eyes

Unaided Vision: 4/6

Aided Vision: NO

Refraction: without glass -

(Right Eye)


(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	————— 6/6				————— 6/6			
Near	————— 2/6				————— 2/6			

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTIC (I) PVT LTD.  
FLAT NO.101 ANAND SAGAR CHS  
ABOVE RAJKAMAL SHOP  
SECTOR - 17, VASHI,  
NAVI MUMBAI - 400703

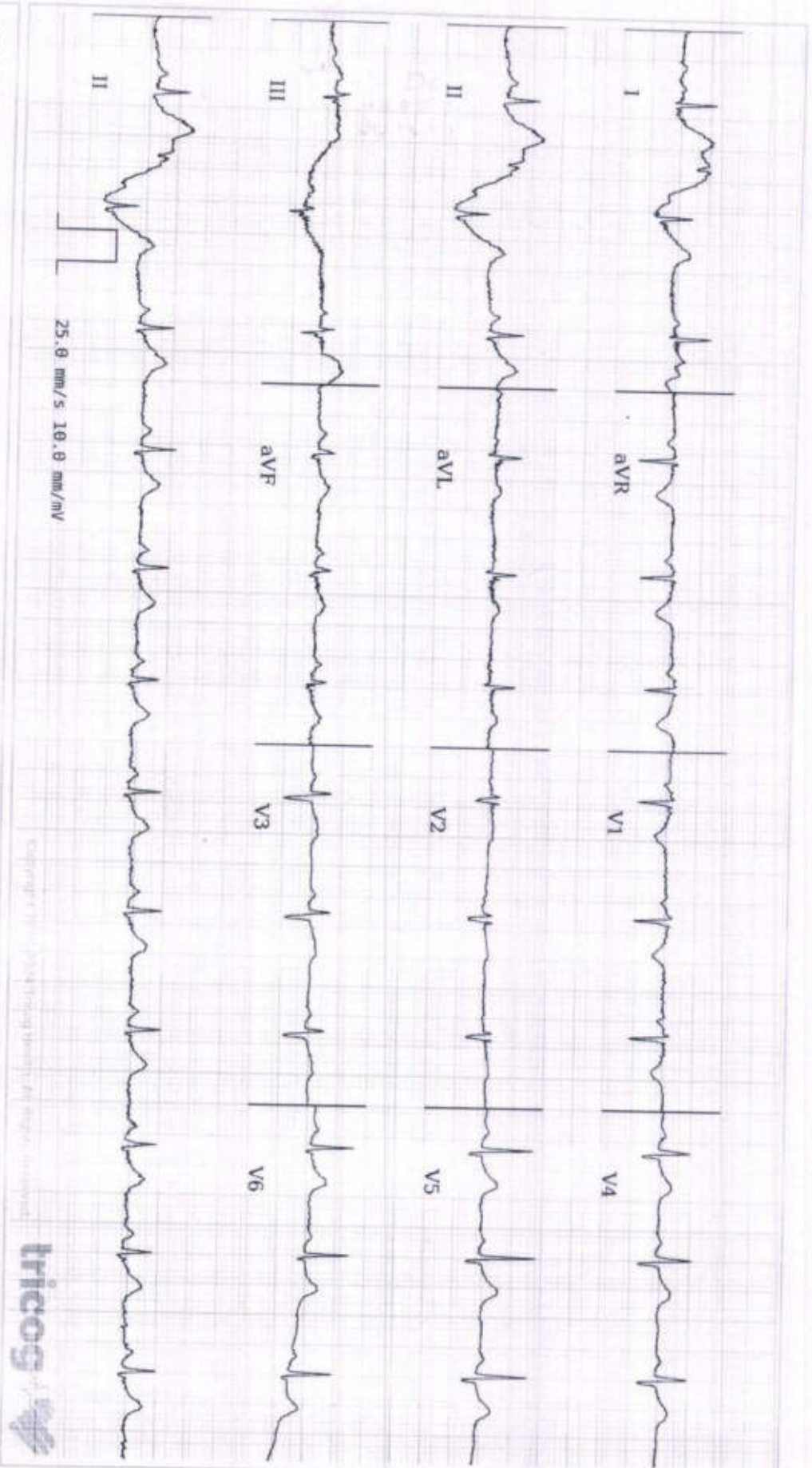
  
Dr. Atka Patnaik  
M.B.B.S. C.G.O., Nagpur Reg. No. 73367  
Dip. Psysextherapy-U.K. Reg. No. OF 335  
PGDHM



Patient Name: NEHA NEHA  
Patient ID: 2405700601

**SUBURBAN DIAGNOSTICS - VASHI**

Date and Time: 26th Feb 24 9:45 AM



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

Age **38** NA NA  
years months days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 72ms

QT: 372ms

QTcB: 424ms

PR: 134ms

P-R-T: 63° 18° 38°

REPORTED BY

*Dr. Anshu Dasgupta*

Dr. Anshu Dasgupta  
MBBS DNB  
Reg. 2005-02-09220

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 reported by the clinician and not derived from the ECG.



# SUBURBAN DIAGNOSTICS VASHI

Email:

Report

428 (2405700604) / DR.MS.NEHA KUMARI / 38 Yrs / F / 161 Cms / 64 KG  
 Date: 26 / 02 / 2024 10:20:24 AM Refd By : ARCOFEMI HEALTHCARE LIMITED

Examined By:



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	143	79%	110/70	157	00	
Standing	00:15	0:02	00.0	00.0	01.0	143	79%	110/70	157	00	
HV	00:17	0:02	00.0	00.0	01.0	143	79%	110/70	157	00	
Warm Up	00:21	0:04	00.0	00.0	01.0	133	73%	110/70	146	00	
ExStart	00:25	0:04	01.9	10.0	01.2	128	70%	110/70	140	00	
BRUCE NEW Stage 1	03:25	3:00	01.9	10.0	05.1	147	81%	120/80	176	00	
PeakEx	05:54	2:29	02.7	12.0	07.1	170	93%	130/80	221	00	
Recovery	06:54	1:00	00.0	00.0	01.0	141	77%	140/80	197	00	
Recovery	07:54	2:00	00.0	00.0	01.0	129	71%	130/80	167	00	
Recovery	08:18	2:25	00.0	00.0	01.0	127	70%	130/80	165	00	

## FINDINGS :

Exercise Time : 05:29  
 Initial HR (ExStrt) : 128 bpm 70% of Target 182  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 7.1 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -1.9 mm in Recovery  
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 170 bpm 93% of Target 182  
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTIC (PVT) LTD.  
 TEST 50101 ANAND-SAGAR CHS  
 KASTURBAJI DHDP  
 SECTOR 17, VASHI,  
 NAVI MUMBAI - 400703

Dr. Anirban Dasgupta  
 MBBS DMG  
 Reg. No. 20060200920

Doctor : DR ANIRBAN DASGUPTA



# SUBURBAN DIAGNOSTICS VASHI

# REPORT



**EMail:** 428/BK.MS.NEHA KUMARI / 38 Yrs / F / 161 Cms / 64 Kg Date: 26 / 02 / 2024 10:20:24 AM Refd BY : ARCOFEMI HEALTHCARE LIMITED

## REPORT :

FAIR EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN  
DURING THE EXERCISE AND RECOVERY OF THE TEST

**IMPRESSION:**  
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISHAEMIA

**DISCLAIMER:** NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE.  
POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE.  
HENCE CLINICAL CORRELATION IS MANDATORY.

Dr. Anirban Dasgupta  
MBBS DNB  
Reg. No. 20052720920

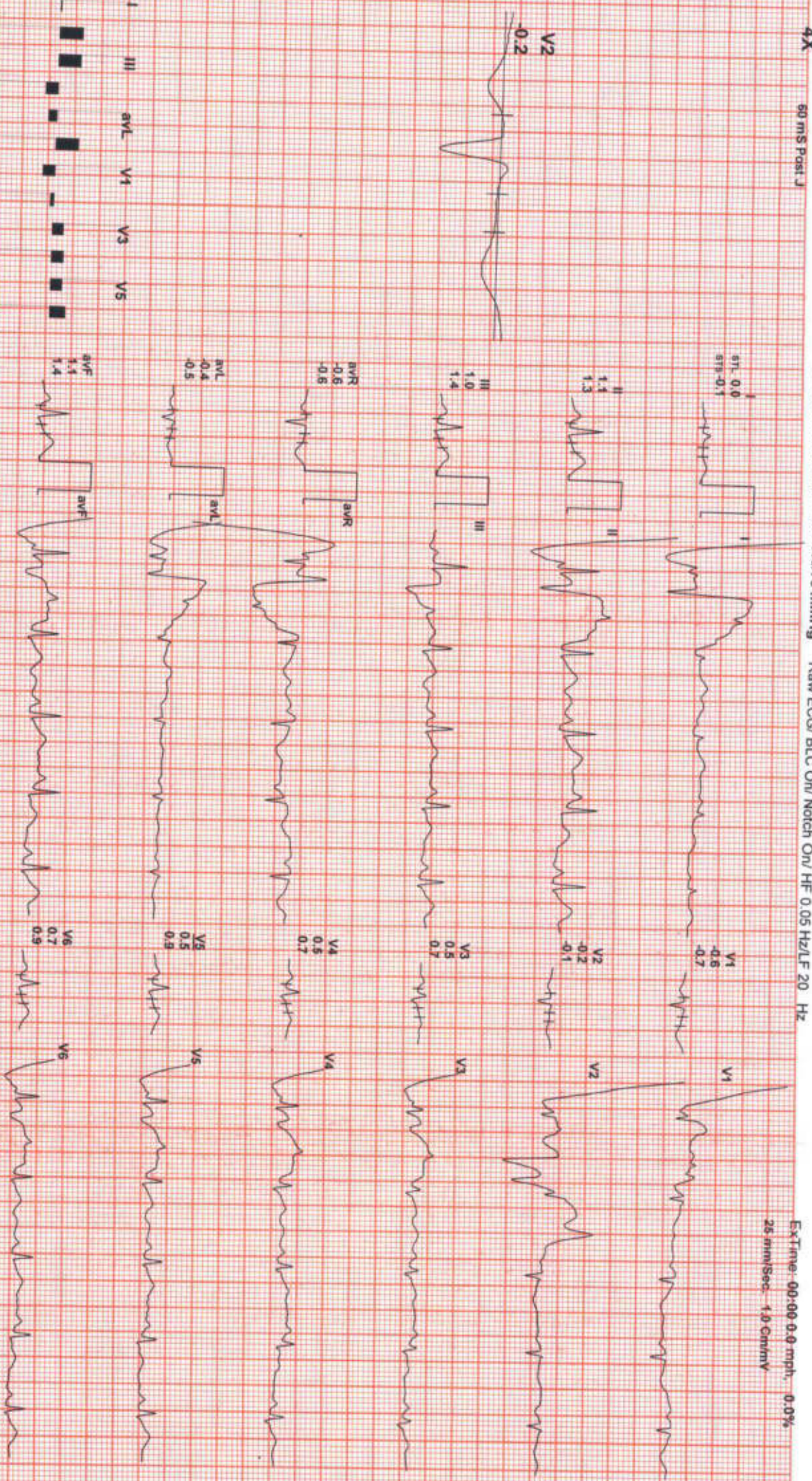
SUBURBAN DIAGNOSTIC (I) PVT LTD.  
FLAT NO 101 MIDC SAGAR CHS  
ANAND RAJAWADE, BHADRA  
SECTOR-17 VASHI  
NAVI MUMBAI - 400703

Doctor : DR ANIRBAN DASGUPTA





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



REMARKS:



SUBURBAN DIAGNOSTICS VASHI

STANDING ( 00:00 )

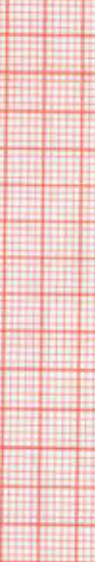
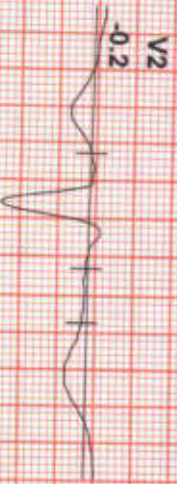
428 (2405700601) / DR.MS.NEHA KUMARI / 38 Yrs / F / 161 Cms / 64 Kg / HR : 133



Date: 26 / 02 / 2024 10:20:24 AM METS: 1.0/ 133 bpm 73% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 - Hz

4X 60 ms Post J

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



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS VASHI

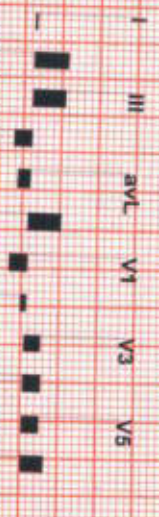
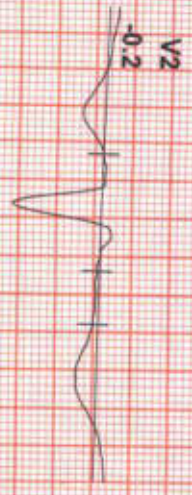
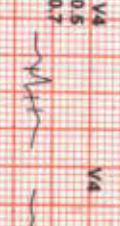
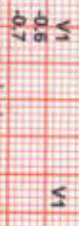
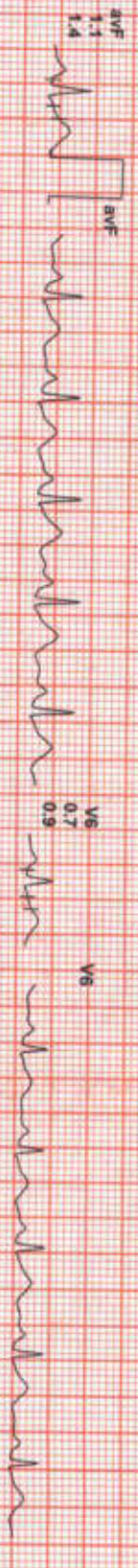
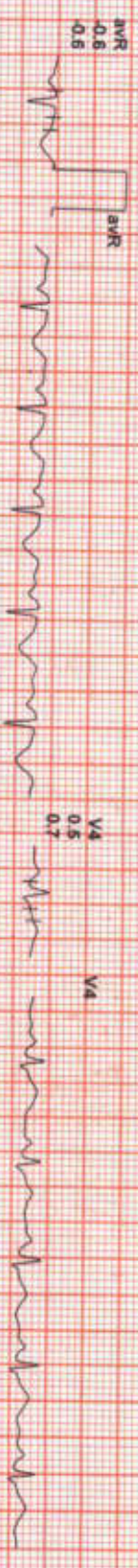
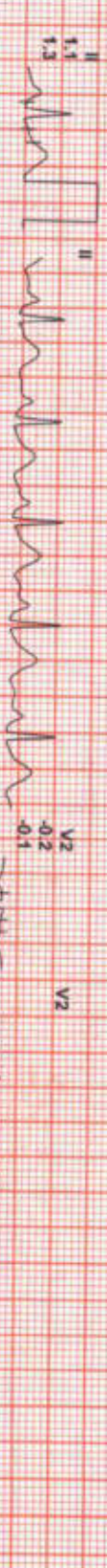
428 (2405700601) / DR.MS.NEHA KUMARI / 38 Yrs / F / 161 Cms / 64 Kg / HR : 133

Date: 26 / 02 / 2024 10:20:24 AM METS: 1.0/ 133 bpm 73% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20. Hz

4X 60 mS Post J

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

HV ( 00:00 )



REMARKS:



# SUBURBAN DIAGNOSTICS VASHI

428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 1.0 HR : 133 Target HR : 73% of 182 BP : 110/70 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
WARM UP ( 00:00 )



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





# SUBURBAN DIAGNOSTICS VASHI

428 / DR.MS.NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 1.0 HR : 133 Target HR : 73% of 182 BP : 110/70 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm

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





# SUBURBAN DIAGNOSTICS VASHI

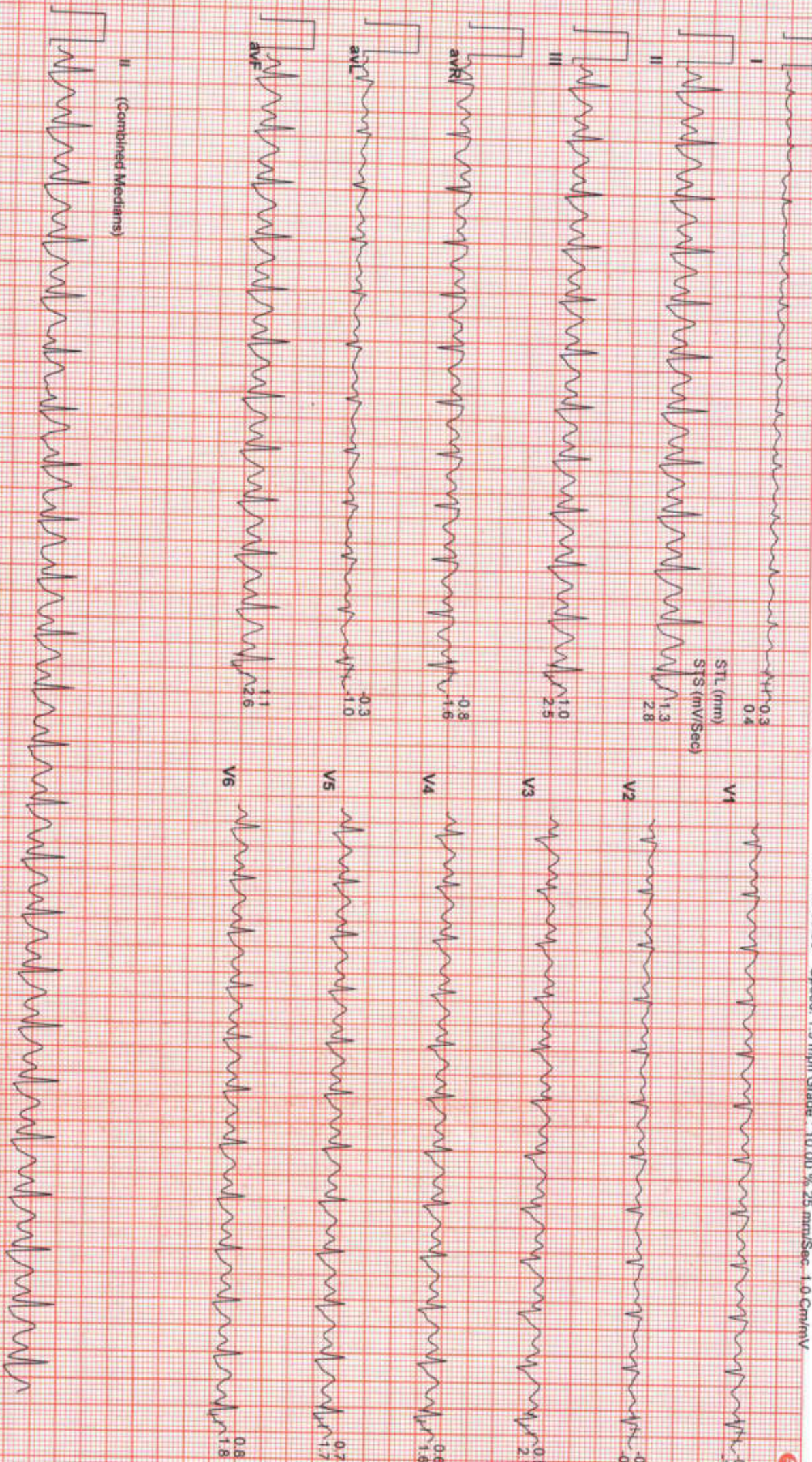
428 / DR.MS.NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 5.1 HR : 147 Target HR : 81% of 182 BP : 120/80 Post J @60mSec

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



ExTime: 03:00 Speed: 1.9 mph Grade: 10.00 % 25 mm/Sec- 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS VASHI

428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METS : 7.1 HR : 170 Target HR : 93% of 182 BP : 130/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
PeakEx



ExTime: 05:29 Speed: 2.7 mph Grade: 12.00 % 25 mm/Sec- 1.0 Cm/mV



II (Combined Medians)



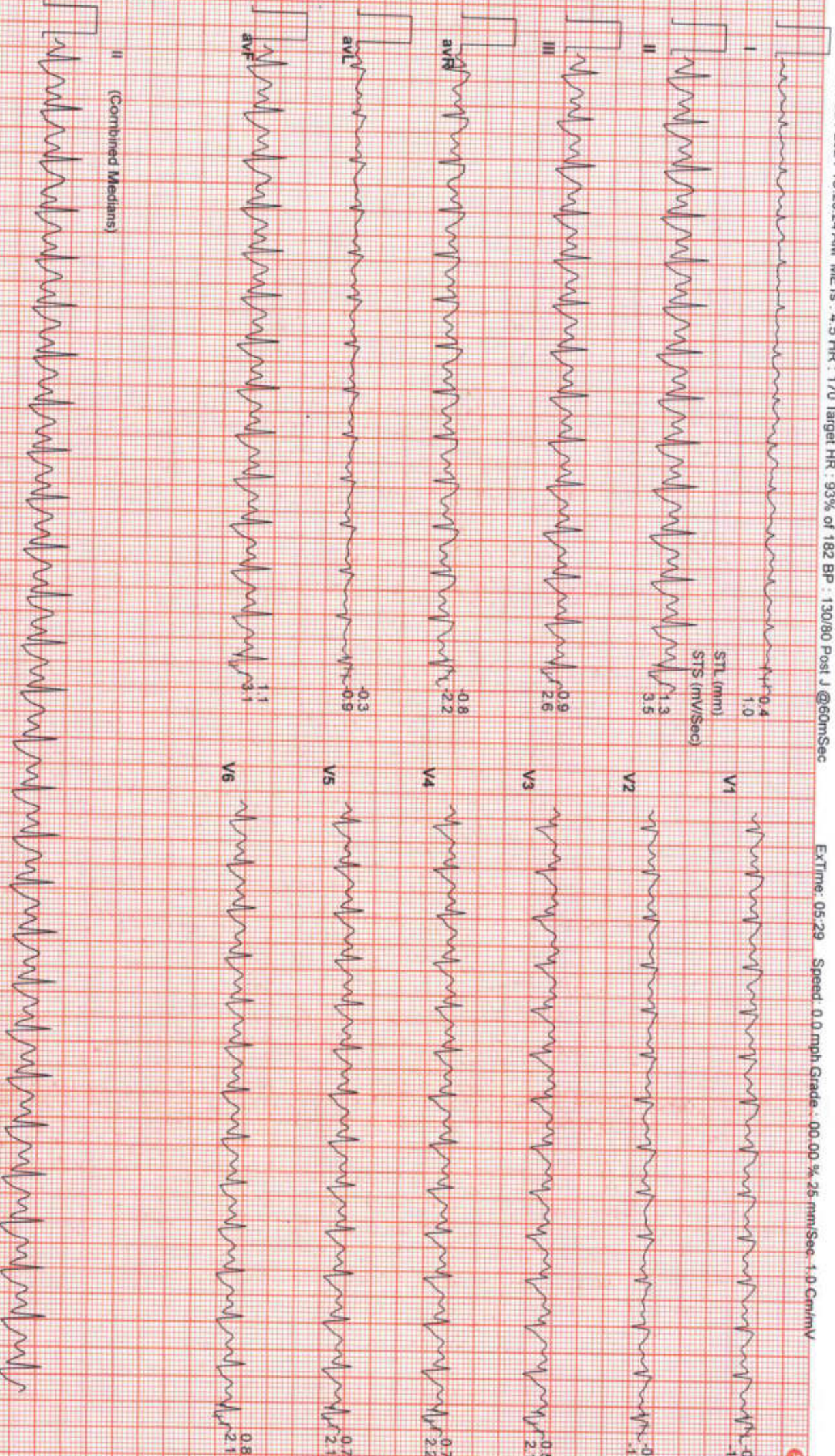
# SUBURBAN DIAGNOSTICS VASHI

428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 4.5 HR : 170 Target HR : 93% of 182 BP : 130/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 00:05 )

ExTime: 05:29 Speed: 0.0 mph Grade: .00.00 % 25 mm/Sec 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS VASHI

428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 1.0 HR : 141 Target HR : 77% of 182 BP : 140/80 Post J @50mSec

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



EXTime: 05:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec-1.0 Cm/mV





# SUBURBAN DIAGNOSTICS VASHI

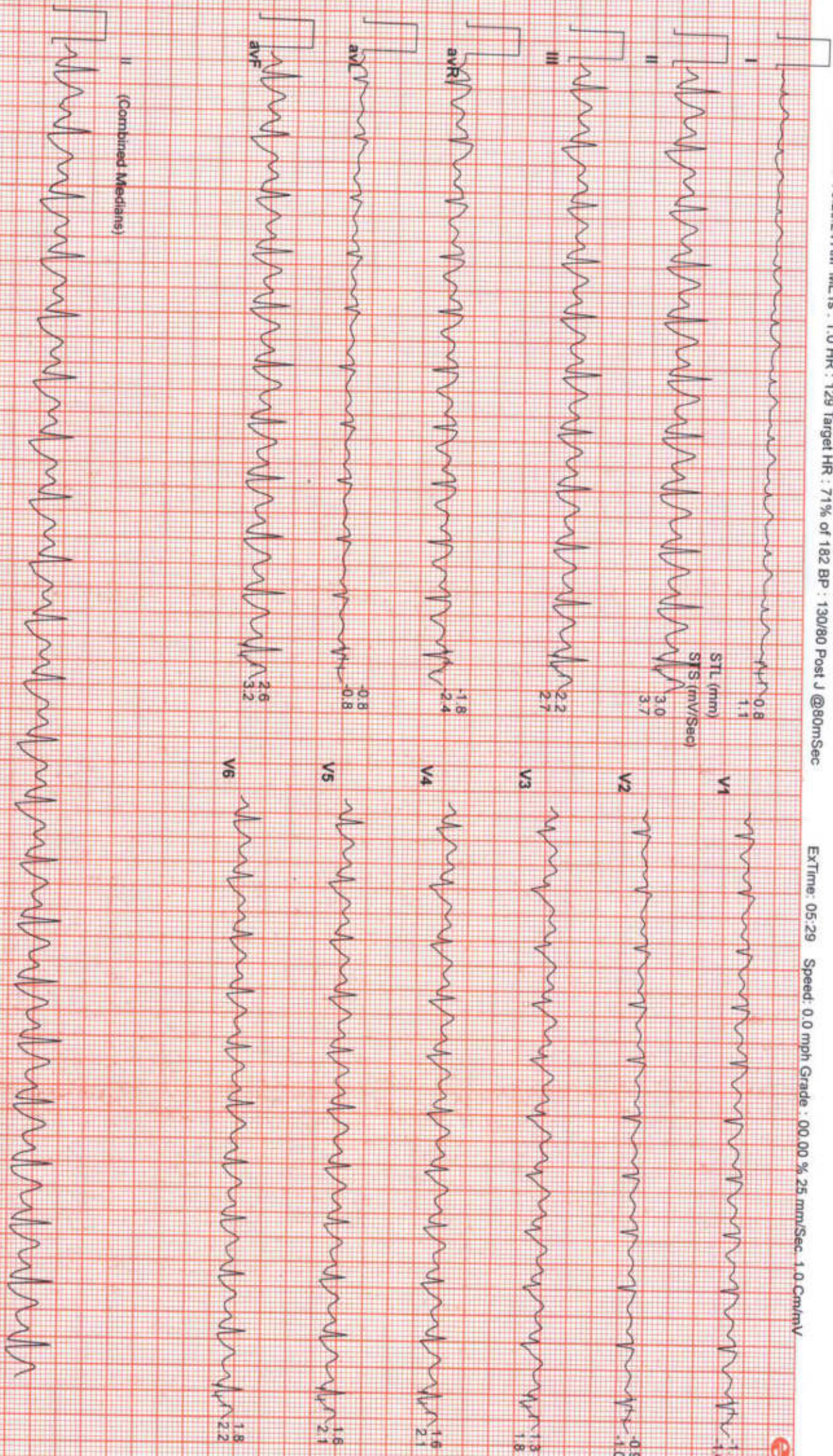
428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 1.0 HR : 129 Target HR : 71% of 182 BP : 130/80 Post J @80mSec

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



ExTime: 05:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



# SUBURBAN DIAGNOSTICS VASHI

428 / DR. MS. NEHA KUMARI / 38 Yrs / Female / 161 Cm / 64 Kg

Date: 26 / 02 / 2024 10:20:24 AM METs : 1.0 HR : 127 Target HR : 70% of 182 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:24 )



EXTime: 05:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)