

**PHYSICAL EXAMINATION REPORT**

Patient Name	Neha Priya	Sex/Age	F/26
Date	9/12/23	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	149	Temp (0c):	37
Weight (kg):	62	Skin:	
Blood Pressure	100/70	Nails:	NAD
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:	/ NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** - ↓ Hb, Eosinophilia, ↑ ESR  
- Chest Xray - ↑ B/L BV Rarities

Advice:

- Iron Supplement
- Treatment of Eosinophilia

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

Nil

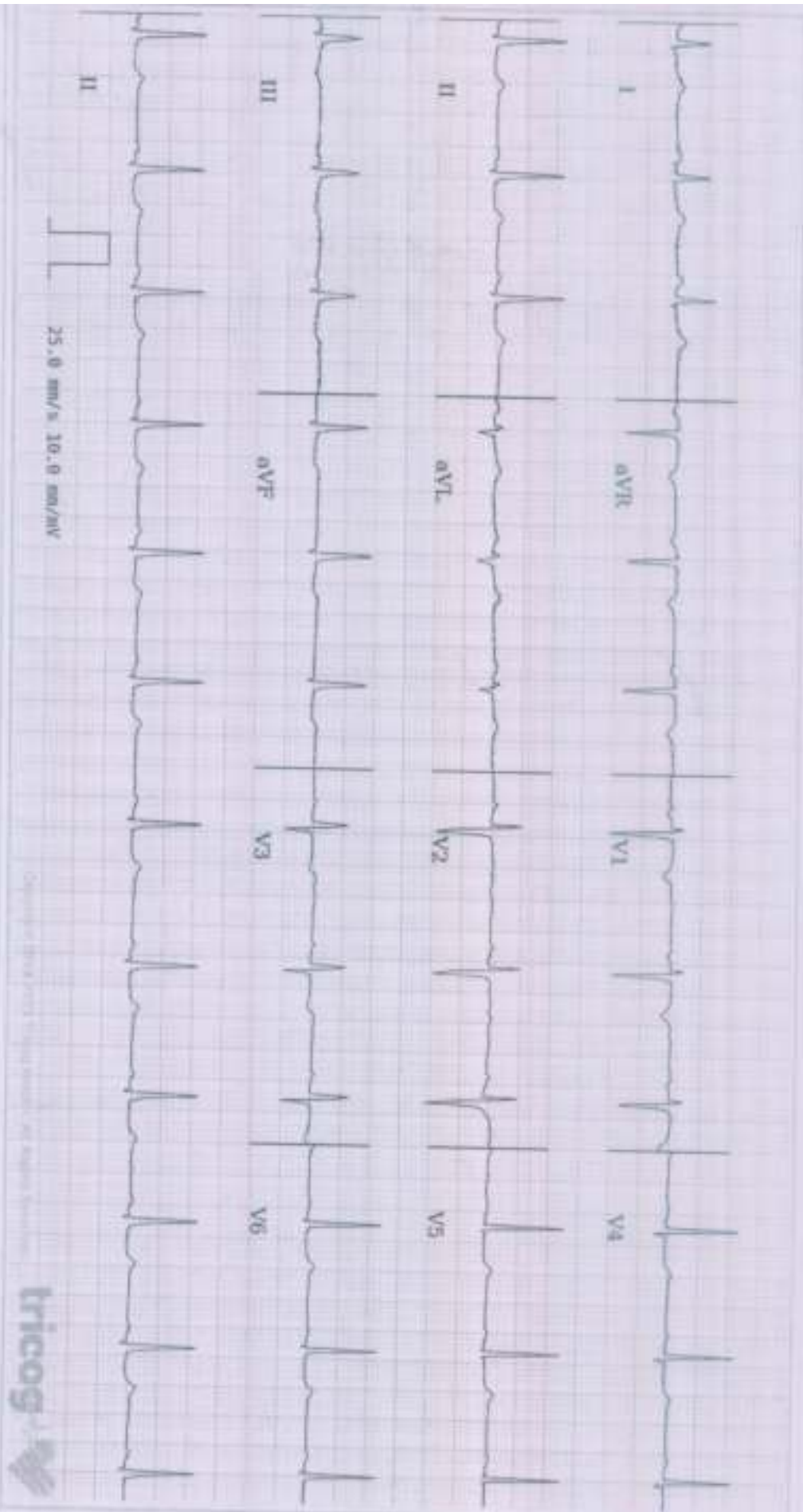
Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

1 - mixed  
No  
No  
No

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



Age: **24** NA NA  
years months days

Gender: **Male**

Heart Rate: **71bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Othbr: NA

**Measurements**

QESD: 78ms  
QT: 374ms  
QTcb: 403ms  
PR: 140ms  
P-R-T: q° 59° S°

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



REPORTED BY

*(Signature)*

DR. SHILPA PILLAI  
MD, MBBS  
MD Physician  
MBBS

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Date:- 9/2/20  
Name:- Neha Panya

CID: 2334720867  
Sex / Age: F 26

**EYE CHECK UP**

Chief complaints: R.C.V

Systemic Diseases: All

Past history: No

Unaided Vision: BC6 HV BC NB

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



CID : 2334320867  
Name : MRS.NEHA PRIYA  
Age / Gender : 24 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Dec-2023 / 17:27  
Reported : 09-Dec-2023 / 18:08

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	9.8	12.0-15.0 g/dL	Spectrophotometric
RBC	3.39	3.8-4.8 mil/cmm	Elect. Impedance
PCV	31.8	36-46 %	Measured
MCV	94.0	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	30.7	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6020	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	36.6	20-40 %	
Absolute Lymphocytes	2203.3	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	319.1	200-1000 /cmm	Calculated
Neutrophils	43.9	40-80 %	
Absolute Neutrophils	2642.8	2000-7000 /cmm	Calculated
Eosinophils	14.0	1-6 %	
Absolute Eosinophils	842.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	12.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	205000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	24.1	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 09-Dec-2023 / 13:33

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      98                      2-15 mm at 1 hr.                      Sedimentation

**Result Rechecked.**

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



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

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



CID : 2334320867  
Name : MRS.NEHA PRIYA  
Age / Gender : 24 Years / Female  
Consulting Dr. : -  
Reg. Location : G 8 Road, Thane West (Main Centre)

Collected : 09-Dec-2023 / 09:51  
Reported : 09-Dec-2023 / 14:50

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
AG RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	8.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	92.2	40-130 U/L	PNPP
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	136	(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	5.1	3.5-7.2 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 \*\*\*

*Dr. Imran Mujawar*  
**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



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Collected : 09-Dec-2023 / 09:51  
Reported : 09-Dec-2023 / 12:34

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: $\geq$ 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	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, Wailach's interpretation of diagnostic tests 10th edition.

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

*J. Mujawar*

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



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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	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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

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

Reference: Pack Inert

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

*J. Mujawar*  
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Name : MRS.NEHA PRIYA  
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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Dec-2023 / 09:51  
Reported : 09-Dec-2023 / 14:58

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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. It 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 A Harming, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



CID : 2334320867  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	153.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	55.1	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	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	11.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



CID : 2334320867  
Name : MRS.NEHA PRIYA  
Age / Gender : 24 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Dec-2023 / 09:51  
Reported : 09-Dec-2023 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.1	0.35-5.5 microIU/ml mIU/ml	ECLIA

Authenticity Check



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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 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 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 200%. 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 koufion et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation From principles to Practice-Callum G Fraser (AACC Press)

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

*J. Mujawar*

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

Reg. No. : 2334320867	Sex : FEMALE
NAME : MRS.NEHA PRIYA	Age : 24 YRS
Ref. By : -----	Date : 09.12.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 8.0 x 3.6 cm. Left kidney measures 9.7 x 4.4 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted and measures 7.0 x 3.9 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.9 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.



**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.

*Dr. Devendra Patil*

**DR. DEVENDRA PATIL  
MD (RADIO DIAGNOSIS)  
(CONSULTANT RADIOLOGIST)**



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CID	: 2334320867	Reg. Date	: 09-Dec-2023
Name	: Mr Neha Priya	Reported	: 09-Dec-2023 / 14:22
Age / Sex	: 24 Years/Female		
Ref. Dr	:		
Reg. Location	: G B Road, Thane West Main Centre		

### X-RAY CHEST PA VIEW

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/GRISViewer/NormalViewer?AccessionNo=2023120909273888>

Page no 1 of 1

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report

301 (2334320867) / NEHA PRIYA / 24 Yrs / F / 149 Cms / 62 Kg  
 Date: 09 / 12 / 2023 09:51:54 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	081	41 %	110/70	089	00	
Standing	00:20	0:10	00.0	00.0	01.0	071	36 %	110/70	078	00	
HV	00:36	0:16	00.0	00.0	01.0	085	43 %	110/70	093	00	
ExStart	00:51	0:15	00.0	00.0	01.0	083	42 %	110/70	091	00	
BRUCE Stage 1	03:51	3:00	01.7	10.0	04.7	119	61 %	120/70	142	00	
BRUCE Stage 2	06:51	3:00	02.5	12.0	07.1	139	71 %	130/70	180	00	
BRUCE Stage 3	09:51	3:00	03.4	14.0	10.2	153	78 %	150/70	229	00	
PeakEX	10:20	0:29	04.2	16.0	10.8	169	86 %	150/70	253	00	
Recovery	11:20	1:00	00.0	00.0	04.2	143	73 %	150/70	214	00	
Recovery	12:20	2:00	00.0	00.0	01.0	129	66 %	140/70	190	00	
Recovery	13:00				00.0	000	0 %	129/74	000	00	

FINDINGS :

Exercise Time : 09:29  
 Initial HR (ExStrt) : 83 bpm 42% of Target 196  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 10.8 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.4 mm in Stage 1  
 Test End Reasons : , Test Complete

Max HR Attained 169 bpm 86% of Target 196  
 Max BP Attained 150/70 (mm/Hg)

**DR KAVIN SHAH**  
 MBBS, D CARD  
 GENERAL PHYSICIAN  
 3468

Doctor : DR KAVIN SHAH




EMail: 307/NEHA PRIYA / 24 Yrs / F / 149 Cms / 62 Kg Date: 09 / 12 / 2023 09:51:54 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NIL
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NIL
BRIEF HISTORY	:	NIL
REASON FOR TERMINATION	:	TEST COMPLETE
EXERCISE TOLERANCE	:	AVERAGE
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORKLOAD.

Doctor : DR KAVIN SHAH

  
**DR KAVIN SHAH**  
MBBS D CARD  
CARDIOLOGIST  
3466



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

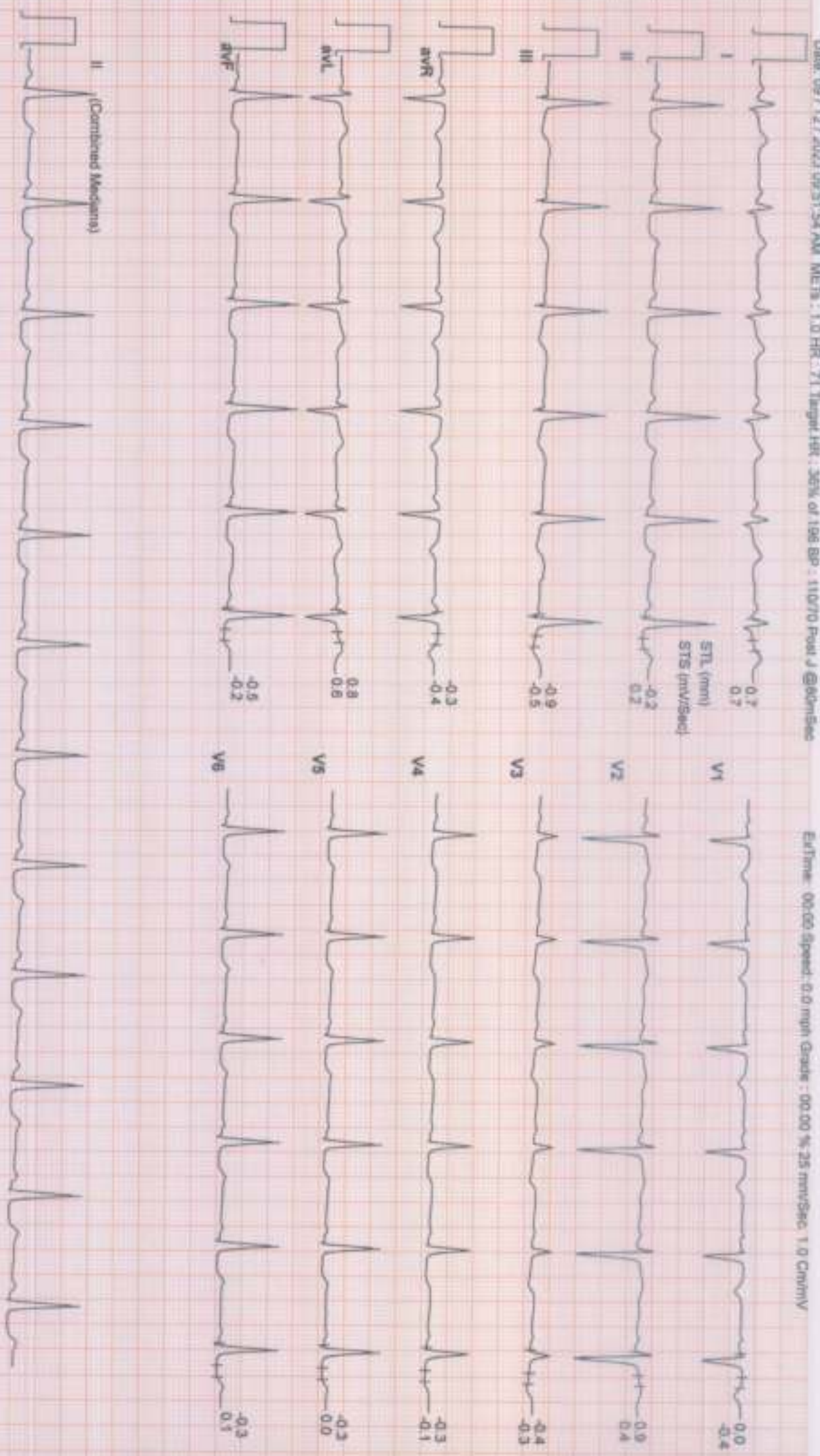
301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm  
STANDING ( 00:00 )



Date: 09 / 12 / 2023 09:51:54 AM METs : 1.0 HR : 71 Target HR : 36% of 198 BP : 110/70 Pwd J @60mmSec

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



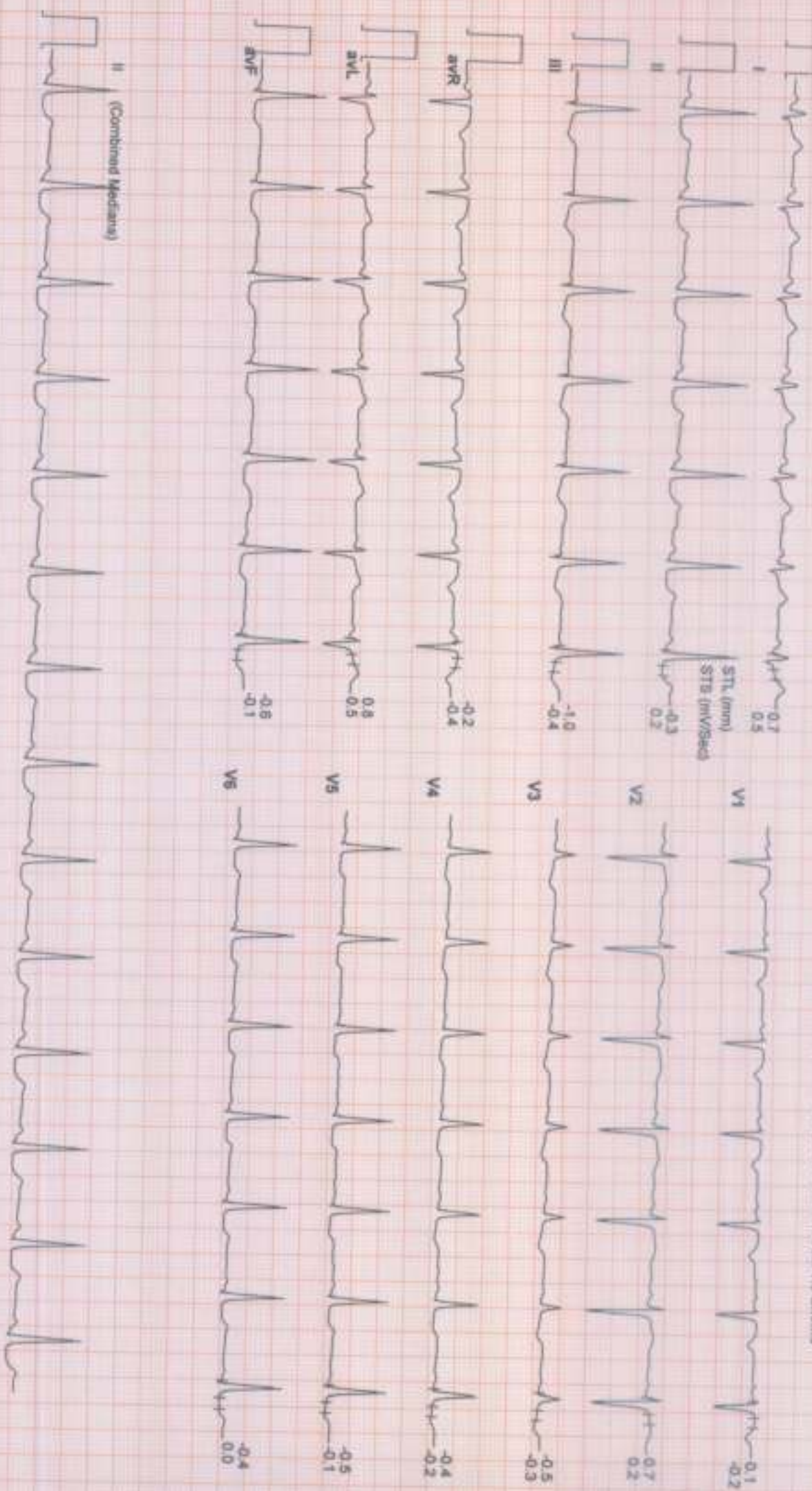
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

Date: 08 / 12 / 2023 08:51:54 AM METs : 1.0 HR : 85 Target HR : 43% of 195 BP : 110/70 Post J @30mSec

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

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

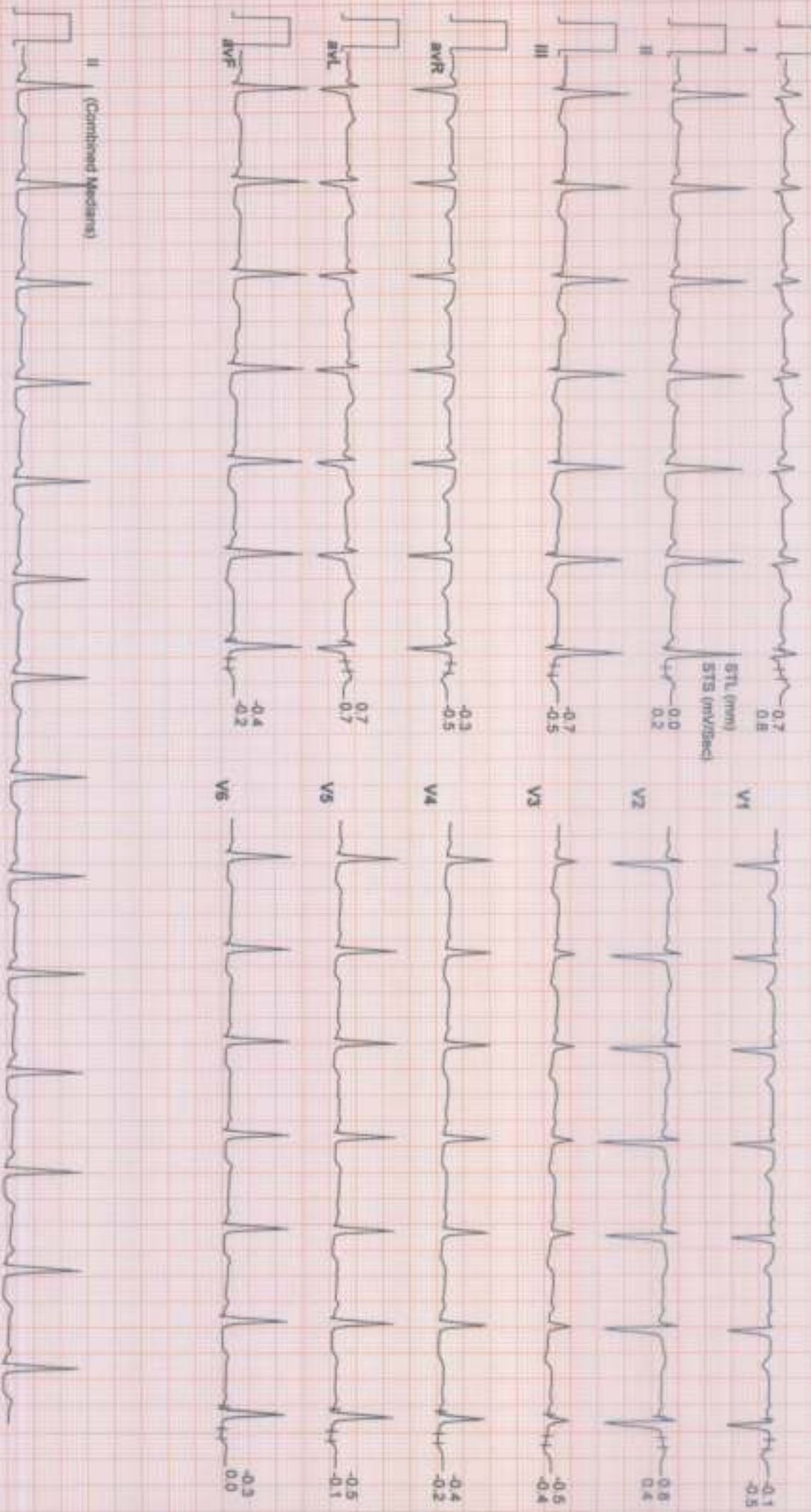


SUBURBAN DIAGNOSTICS (THANE GB ROAD)

301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

Date: 09 / 12 / 2023 09:51:54 AM METs : 1.0 HR : 83 Target HR : 42% of 196 BP : 110/70 Post J @Bansrac

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



II (Combined Medians)

6X2 Combine Medians + 1 Rhythm  
ExStr





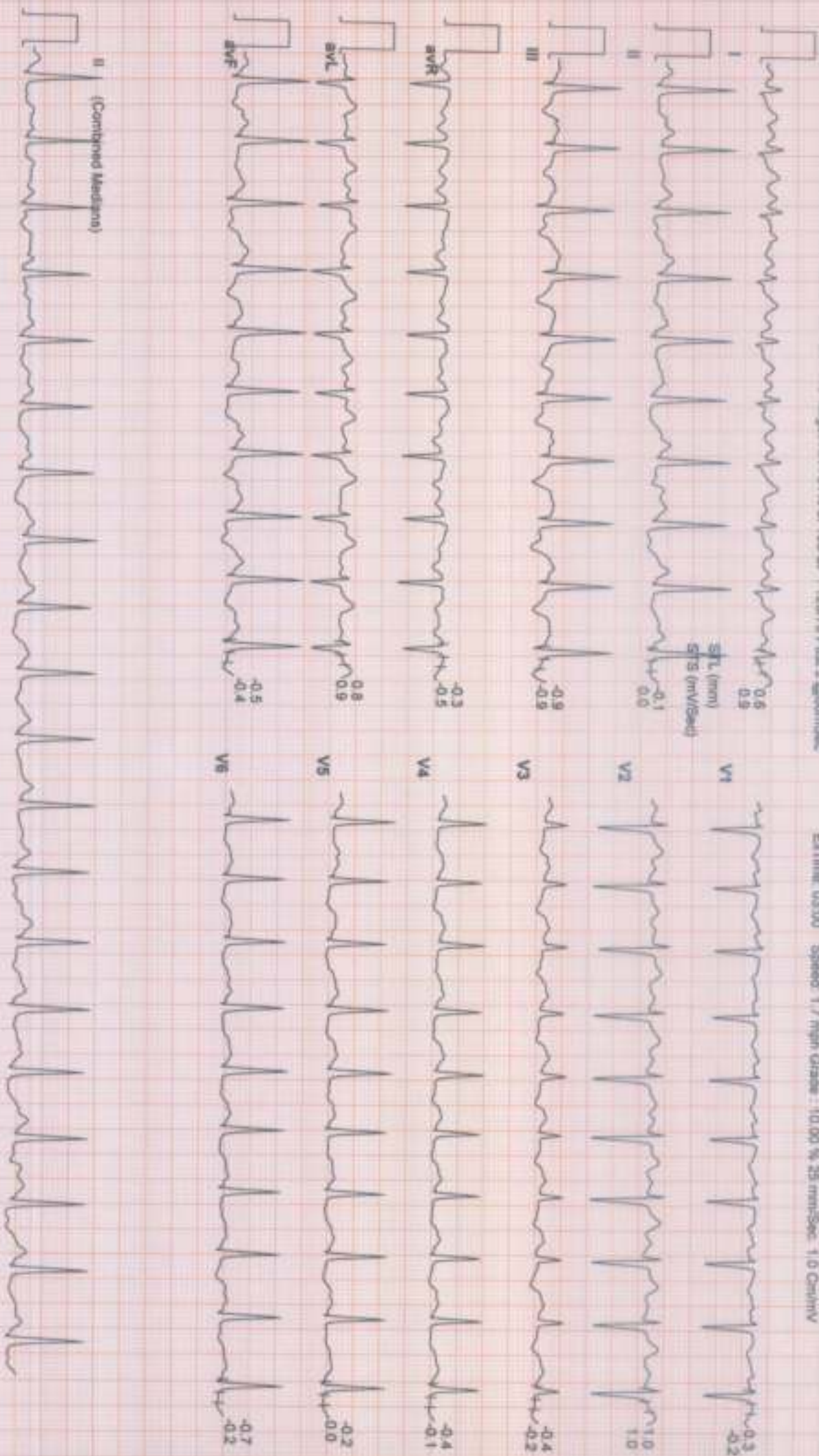
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

Date: 09 / 12 / 2023 09:51:54 AM METs : 4.7 HR : 119 Target HR : 61% of 196 BP : 120/70 Pwd J @sonic

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 min:Sec 1.0 Cm/hv

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



II (Combined Medians)

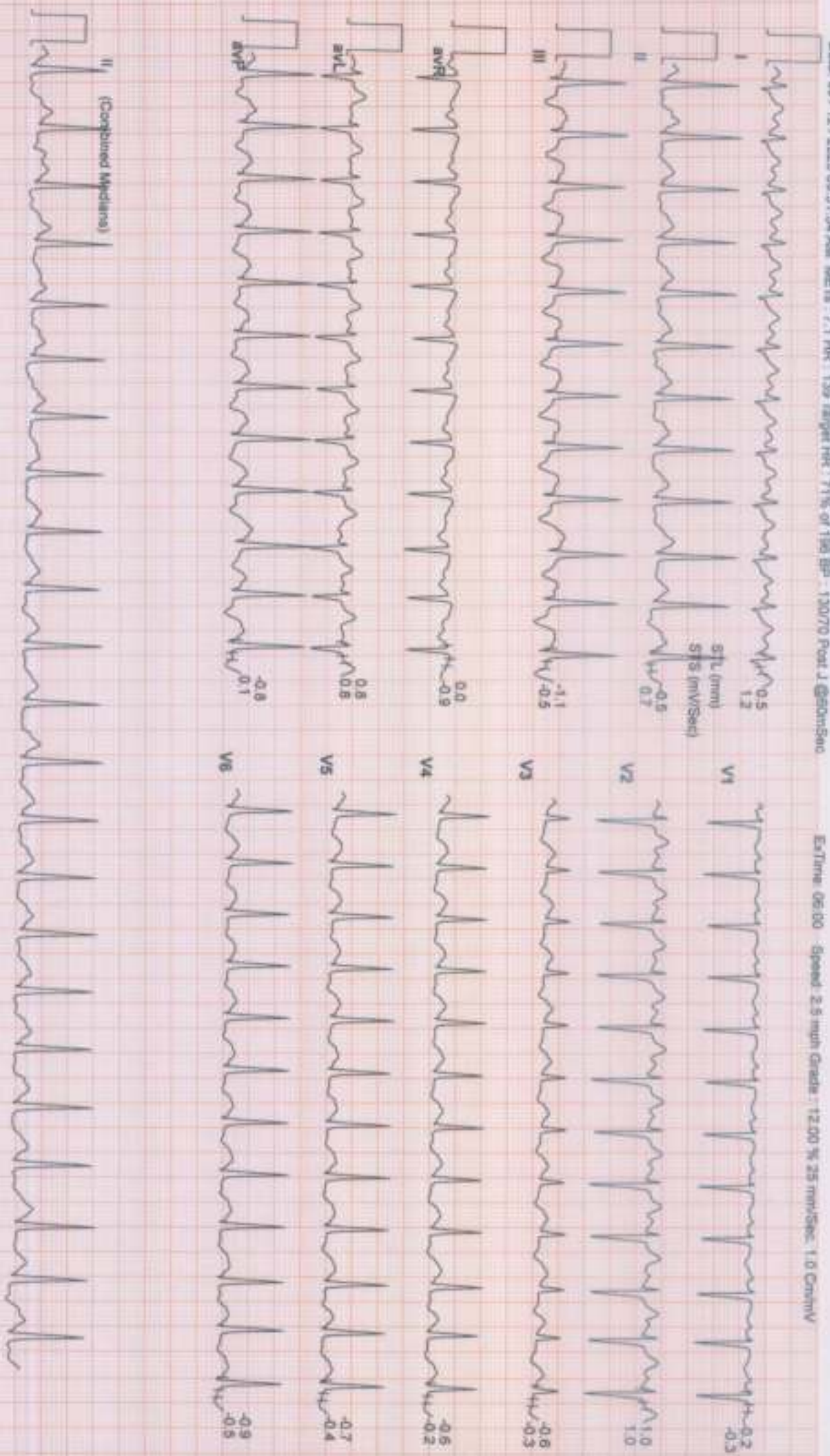
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

Date: 09 / 12 / 2023 09:51:54 AM METs : 7.1 HR : 139 Target HR : 71% of 190 BP : 120/70 Post J @soniSoc

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec: 1.0 Cm/IV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

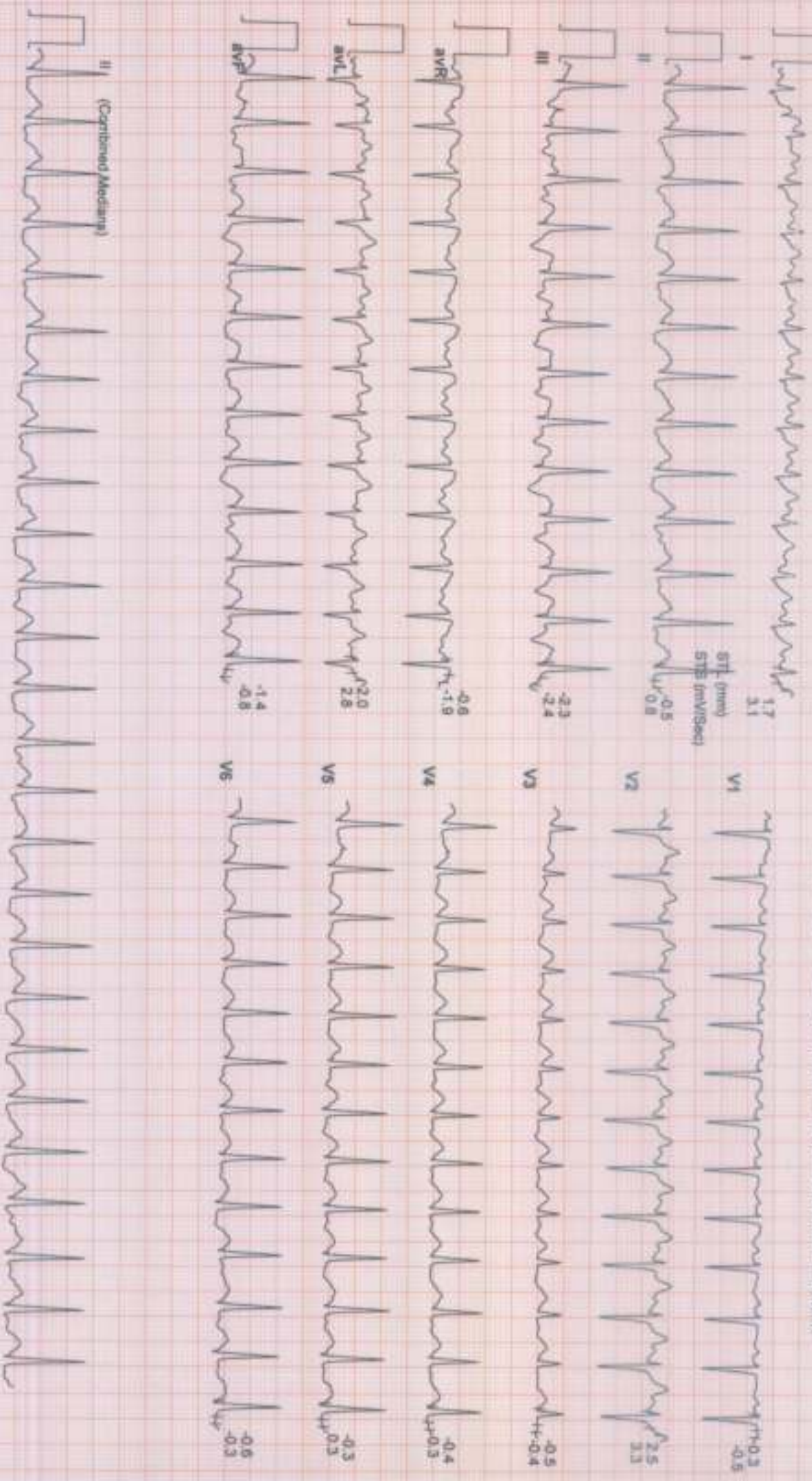
301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

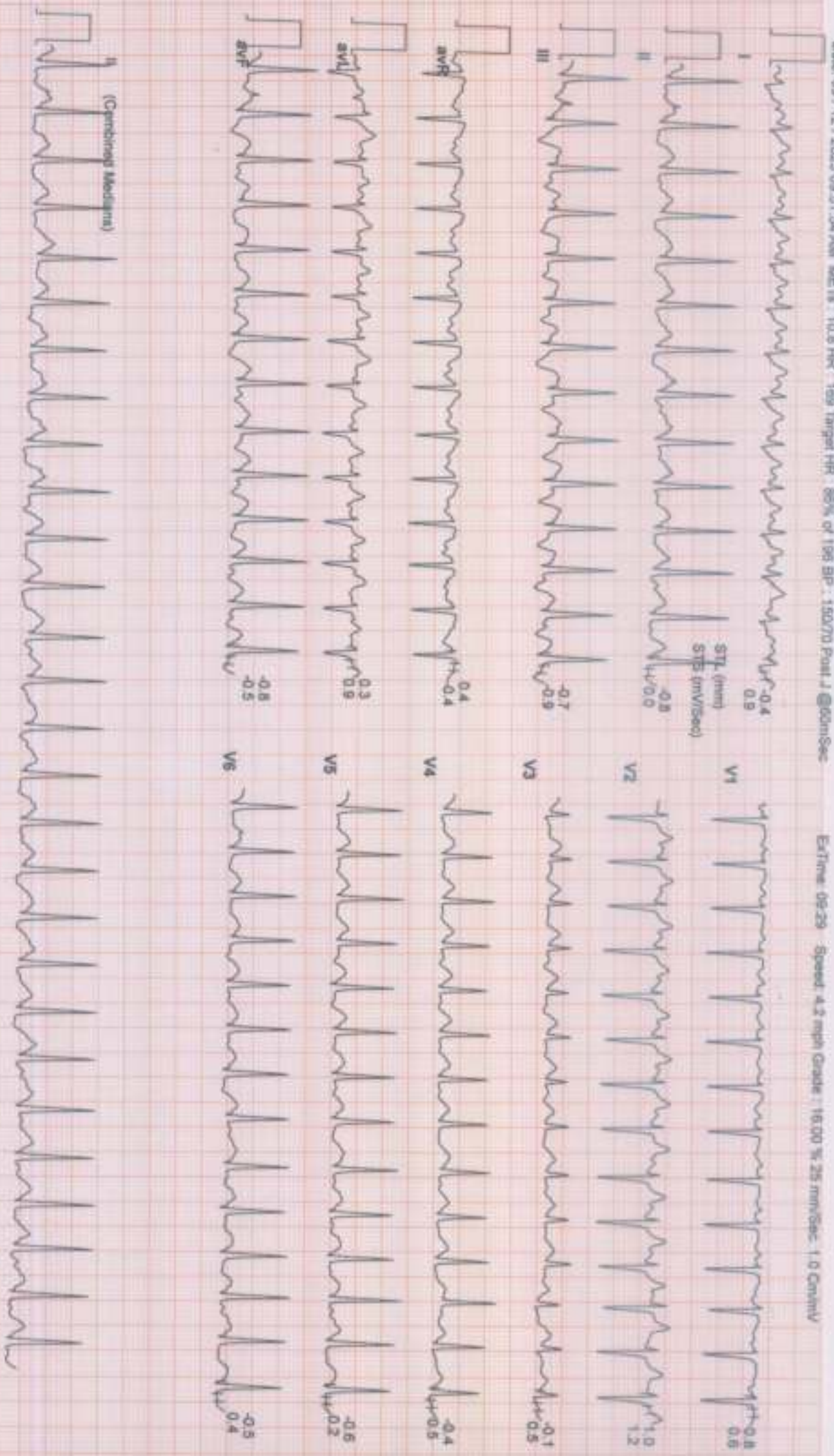
6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 3 (03:00)



Date: 09 / 12 / 2023 09:51:54 AM METB : 10.2 HR : 153 Target HR : 79% of 198 BP : 150/70 Post J @50mSec

EndTime: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec: 1.0 Cm/mV





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

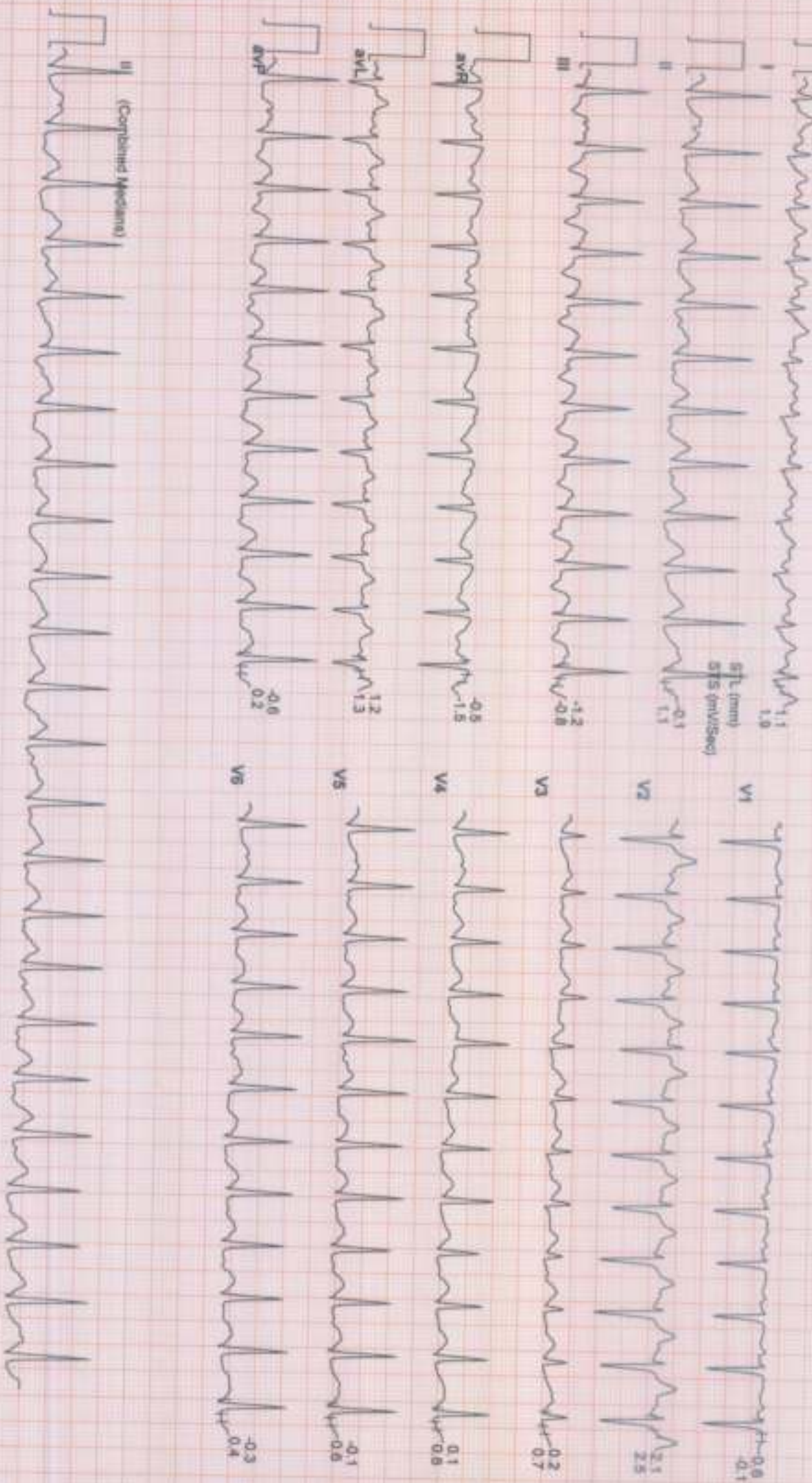
301 / NEHA PRIYA / 24 Yrs / Female / 149 Cm / 62 Kg

Date: 09/12/2023 09:51:54 AM METS : 4.2 HR : 143 Target HR : 73% of 156 bpm/100 Pwt / @60mSec

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



ExTime: 09:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



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

