


PHYSICAL EXAMINATION REPORT

Patient Name	Ranjana Dahi	Sex/Age	37/F
Date	10/9/2024	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	 NAD.
Weight (kg):	55	Skin:	
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	
Systems :			

- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:
- Impression:

NAD

↑ ESR , Urine - 12-15 Pus cells/hk
 ↑ Non HDL chol.
 TMT - Equivocal

Advice: *Low Fat Diet*
Treatment of Urine infection if symptomatic
Cardiologist's Consultation.

- 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

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

No *No*
mixed
No

[Signature]

NAME: - Ranjana Dawri AGE / SEX: - 37
REGN NO: - REF DR: -

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Regular 3/30
- PAST MENSTRUAL HISTORY :- Reg.
- OBSTERIC HISTORY :- G 7 P 1 A 0
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- Nil 1 LI 1 NVD
- ALLERGIES :- Dust
- FAMILY HISTORY :- Nil

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

M |
| ⊙

PERSONAL HISTORY :-

TEMPERATURE :-

⊙

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg) :-

BREAST EXAMINATION :-

PER ABDOMEN :-

PRE VAGINAL :-

RECOMMENDATION :-

| NAD
72/min
110/80

| NAD





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CID : 2404122821
Name : MRS. RANJANA DALVI
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 16:50

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.46	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Measured
MCV	84.0	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7450	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	28.7	20-40 %	
Absolute Lymphocytes	2138.2	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	432.1	200-1000 /cmm	Calculated
Neutrophils	62.5	40-80 %	
Absolute Neutrophils	4656.3	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	201.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	22.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	334000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
RBC MORPHOLOGY			
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 41 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
- Bridgen 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 ***

[Signature]
Dr. VANDANA KULKARNI
 M.D (Path)
 Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 14:04
Reported : 10-Feb-2024 / 15:30

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	75.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/- 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/- 200 mg/dl	Hexokinase

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

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

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Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 18:27

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.49	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	124	(ml/min/1.73sqm) 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	Calculated
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dl	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dl	BGG
GLOBULIN, Serum	2.8	2.3-3.5 g/dl	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	2.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.5	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

*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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Reported : 10-Feb-2024 / 18:10

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 glycomic 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 molecules 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 G B Road Lab, Thane West
*** End Of Report ***

W. Suburban

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 17:21

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	12-15	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	1-2	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 insert

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

[Signature]

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 17:41

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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 White 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 all 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 Hb 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
*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 18:33

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	50.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	142.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.1	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	23.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



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



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 Name : MRS.RANJANA DALVI
 Age / Gender : 37 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:35
 Reported : 10-Feb-2024 / 18:28

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.682	0.55-4.78 microIU/ml mIU/ml	CLIA



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Age / Gender : 37 Years / Female
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Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 18:28

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 at 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 300%. 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 several 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. D. Koukouni 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 SDRL, Vidyavihar Lab
*** End Of Report ***



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



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:35
Reported : 10-Feb-2024 / 18:27

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.50	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	14.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	11.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	36.2	46-116 U/L	Modified IFCC

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



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

Date: 21/02/24 CID: 2404122821
 Name: Rajana Dalvi Sex / Age: F 37

EYE CHECK UP

Chief complaints: RW

Systemic Diseases: NH

Past history: NH

Unaided Vision: 152% NVA RNL

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
(Signature)
SR. OPTOMETRIST

Authenticity Check



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CID : 2404122821
Name : Mrs RANJANA DALVI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 12:00

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 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 9.0 x 3.5 cm. Left kidney measures 9.9 x 3.9 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 6.0 x 3.7 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021010183797>

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Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 15:53

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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-----

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <<ImageLink>>

Reg. No. :2404122821	Sex : FEMALE
NAME : MRS.RANJANA DALVI	Age : 37 YRS
Ref. By : -----	Date : 10.02.2024

SONOMAMMOGRAPHY REPORT

Mixed fibroglandular tissues are seen in both breasts.

No solid or cystic mass lesion are seen.

No duct ectasia is seen.

Both retromammary regions appear normal.

No significant axillary lymphadenopathy noted.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY IS DETECTED.
USG BIRADS I BOTH BREASTS.**

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.


DR. GAURI VARMA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



799 (2404122821) / RANJANA DALVI / 37 Yrs / F / 148 Cms / 55 Kg
 Date: 10 / 02 / 2024 11:12:30 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	HRP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	070	38 %	120/80	084	00	
Standing	00:10	0:07	00.0	00.0	01.0	070	38 %	120/80	084	00	
HV	00:18	0:08	00.0	00.0	01.0	074	40 %	120/80	086	00	
ExStart	00:51	0:33	00.0	00.0	01.0	074	40 %	120/80	088	00	
BRUCE Stage 1	03:51	3:00	01.7	10.0	04.7	132	72 %	140/80	184	00	
PeakEx	05:17	1:26	02.5	12.0	05.9	155	85 %	150/80	232	00	
Recovery	06:17	1:00	00.0	00.0	01.0	118	64 %	150/80	178	00	
Recovery	07:17	2:00	00.0	00.0	01.0	106	58 %	130/80	137	00	
Recovery	08:17	3:00	00.0	00.0	01.0	093	51 %	130/80	120	00	
Recovery	08:24	3:08	00.0	00.0	01.0	093	51 %	130/80	120	00	

FINDINGS :

Exercise Time : 04:25
 Initial HR (ExStrt) : 74 bpm 40% of Target 183
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 5.9 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.9 mm in Recovery
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 183
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: 759/RANJANA DALVI / 37 Yrs / F / 146 Cms / 55 Kg Date: 10 / 02 / 2024 11:12:30 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 70.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 160/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of . Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is Equivocal for Ischemia
2. ST T changes seen in recovery
3. HR and Blood pressure response to exercise is normal
4. Adv Cardiologist's opinion.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 45972

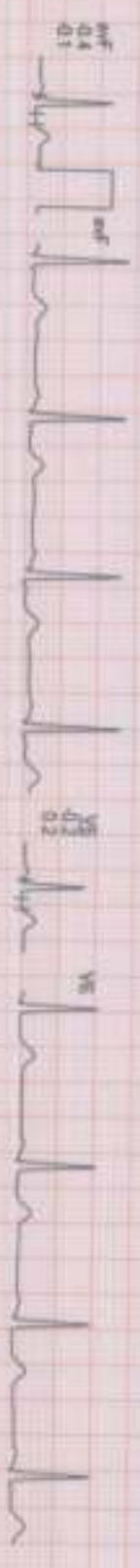
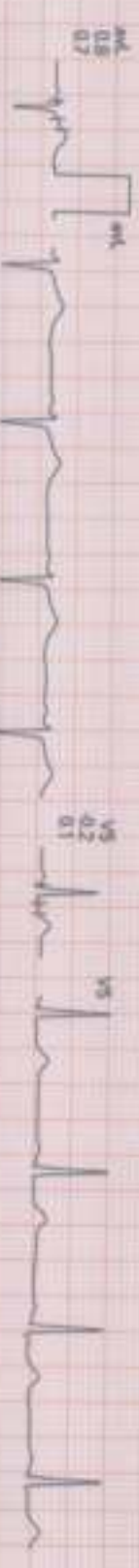
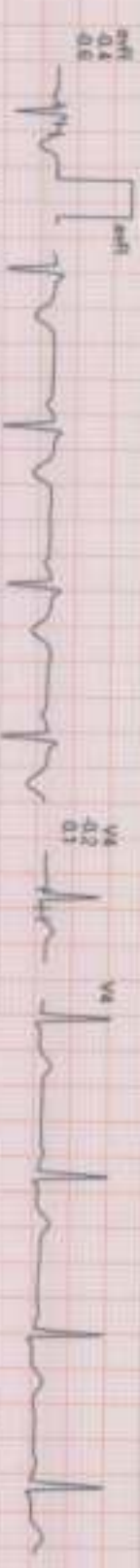
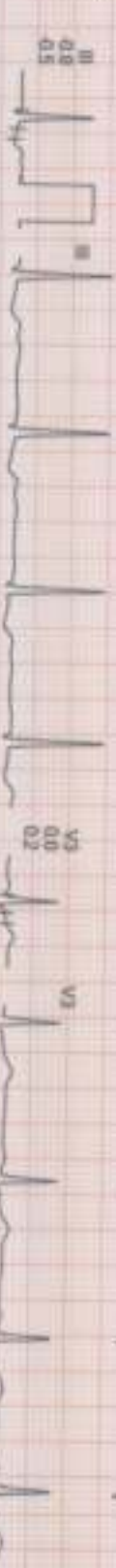
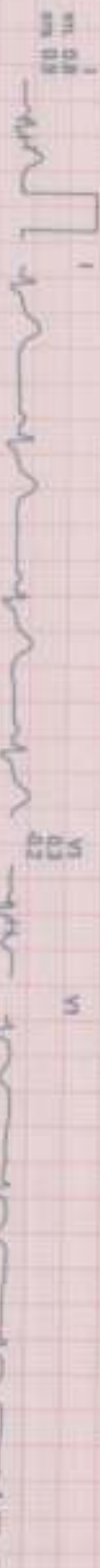
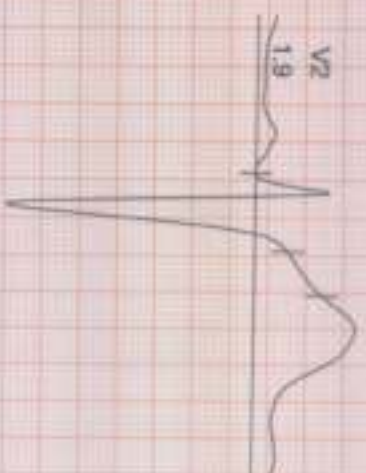
Doctor : DR. SHAILAJA PILLAI

739 (2404122821) / RANJANA DALVI / 37 Yrs / F / 146 Cms / 55 Kg / HR : 69



Date: 10/02/2024 11:12:30 AM METS: 1 @ 69 bpm 30% of THR SP: 120/80 mmHg Raw ECG BLC ON/Notch ON/HR 0.05 Hz/AF 35 Hz
DX: 10 sec Print

ECGTime: 00:00 0.0 mpm 0.0%
20 mm/sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

789 (2404122821) / RAKHANA DALVI / 37 Yrs / F / 146 Cms / 55 Kg / HR : 70

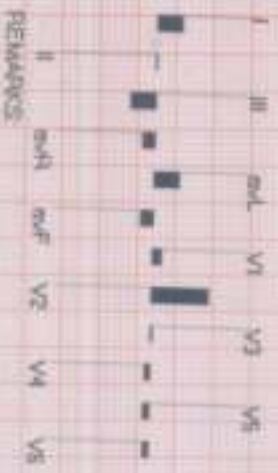
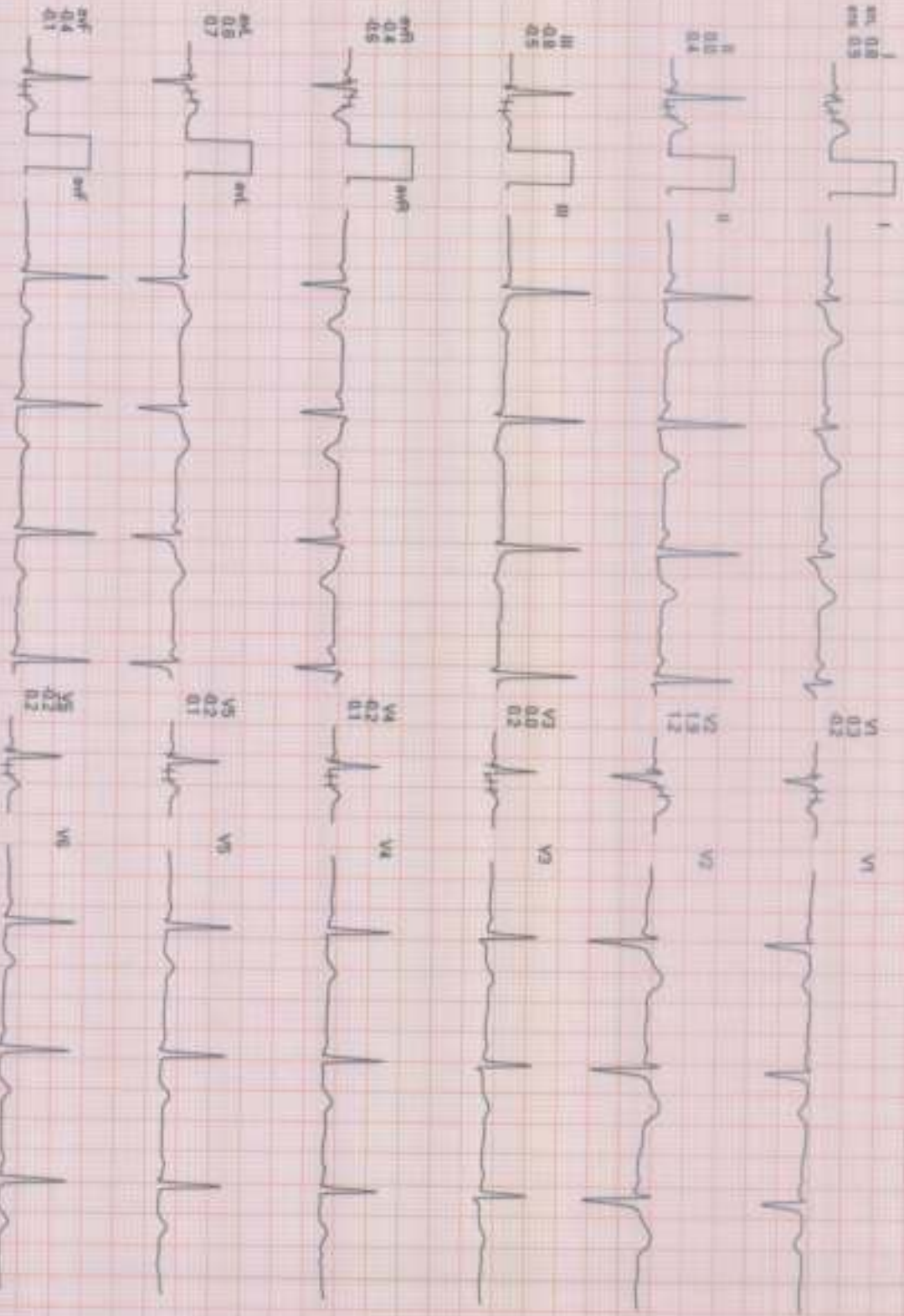
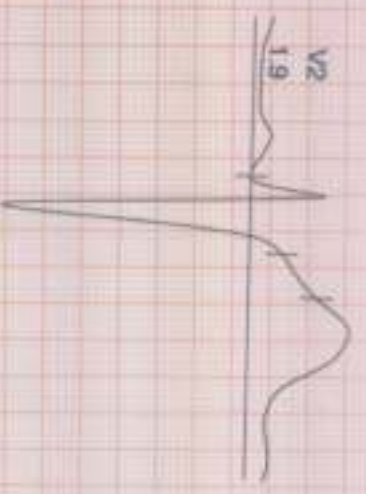
Date: 18/02/2024 11:12:30 AM METS: 1.0/78 bpm 38% of THR: BP: 120/80 mmHg Raw ECG BLD CW/Neck CW/HR 0.05 Hz/AF 35 Hz

AX 00:00:00.00

STANDING (00:00)



External: 00:00:00.00 mps 0.05s
25 mm/sec 1.0 mV/mV



REMARKS:

Suburban

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

799 (2404122827) / RAJKHANA DALVI / 37 Yrs / F / 146 Cms / 55 Kg / HR : 74

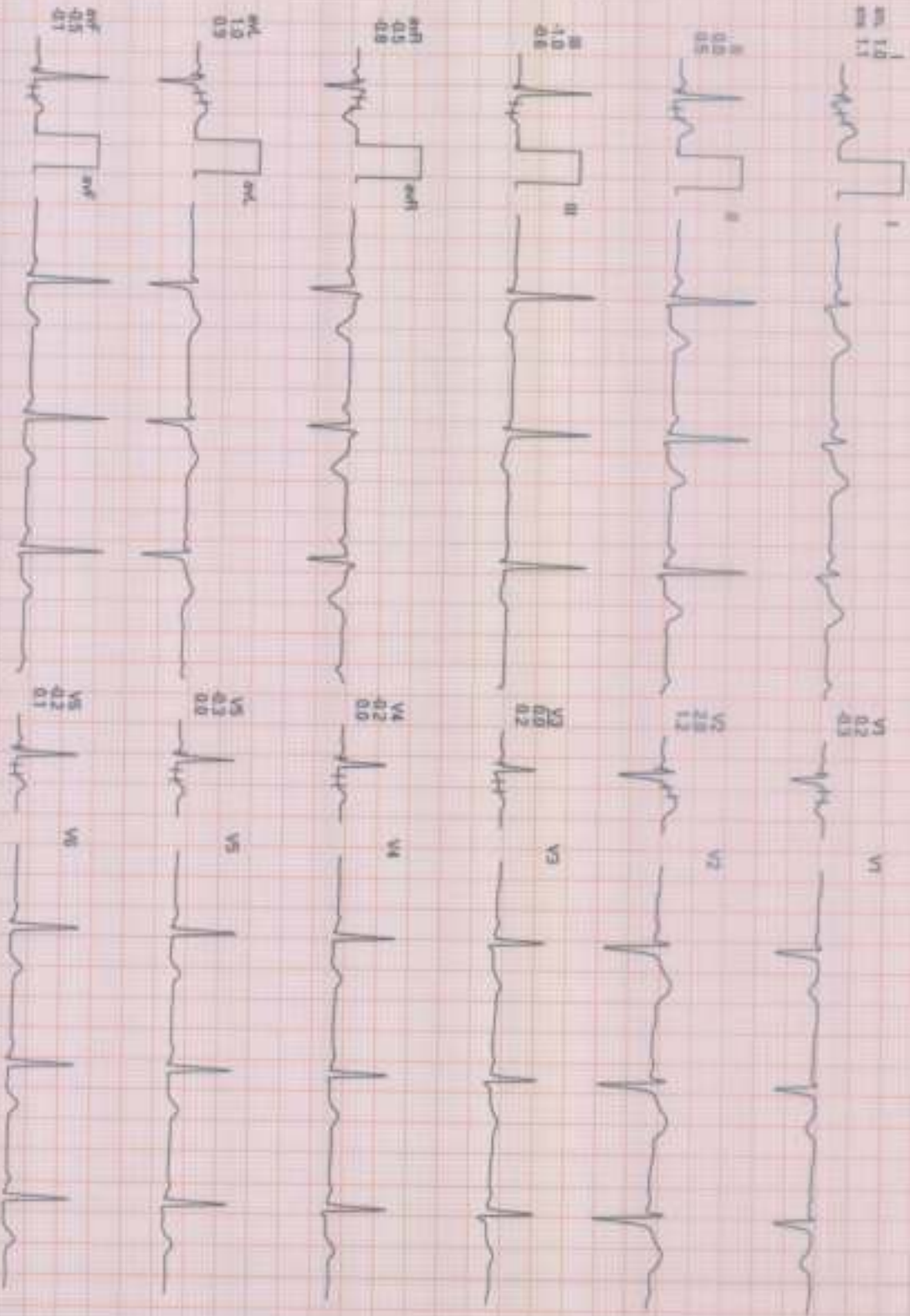
Date: 10 / 02 / 2024 11:12:30 AM METS: 1.0 / 74 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLD Oxy/Noisy Div/Hz: 0.05 Hz/AF 35 Hz

AX 80 ml Print 2

HV (00:00)



ExTime: 00:00 0.0 mpa 0.0%
25 mm/Sec 1.0 Cm/4V



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

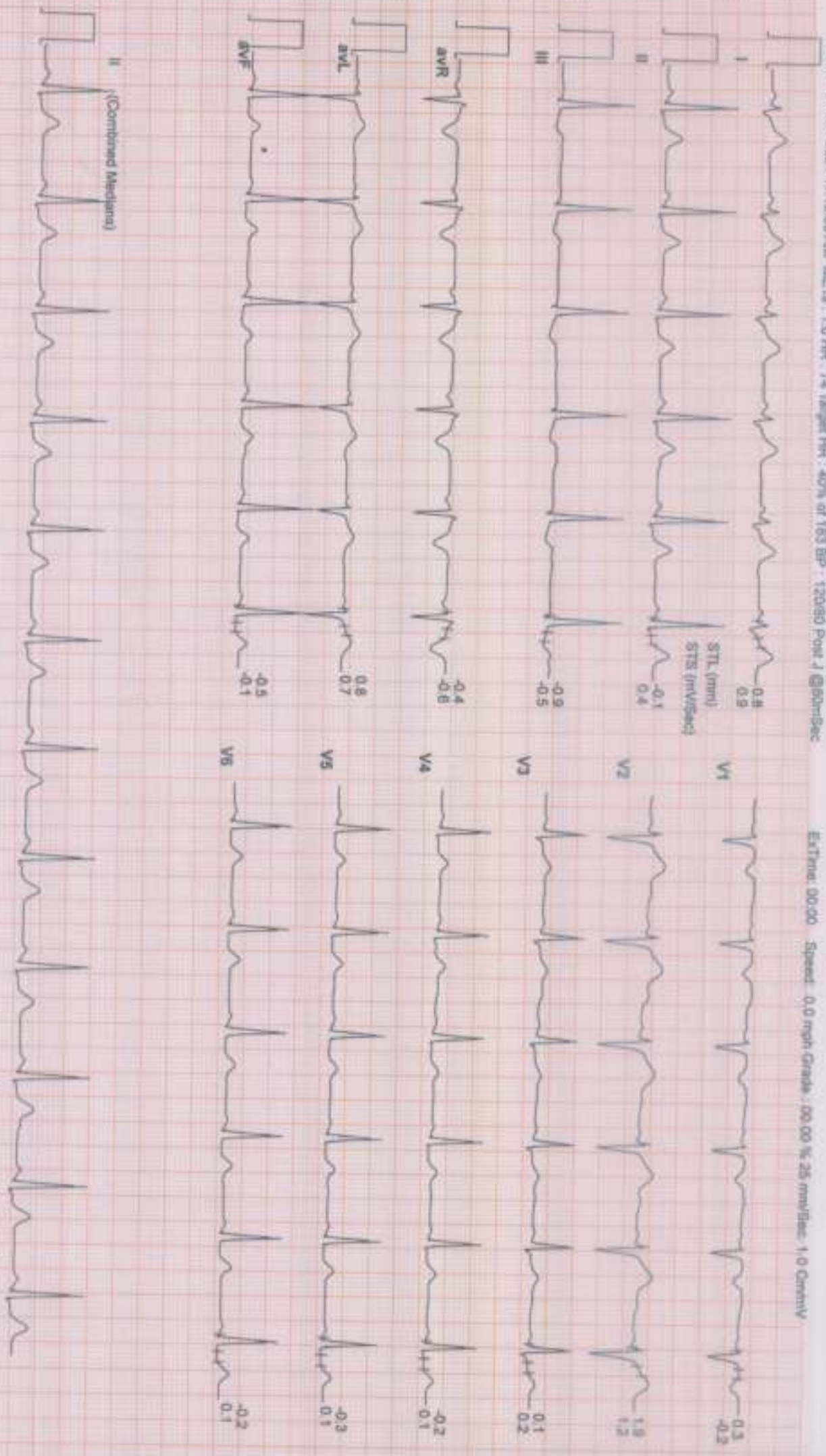
780 / RANJANA DALVI / 37 Yrs / Female / 146 Cm / 55 Kg

Date: 10 / 02 / 2024 11:12:30 AM METs: 1.0 HR: 74 Target HR: 40% of 163 BP: 120/80 Pwr J @50m/Sec

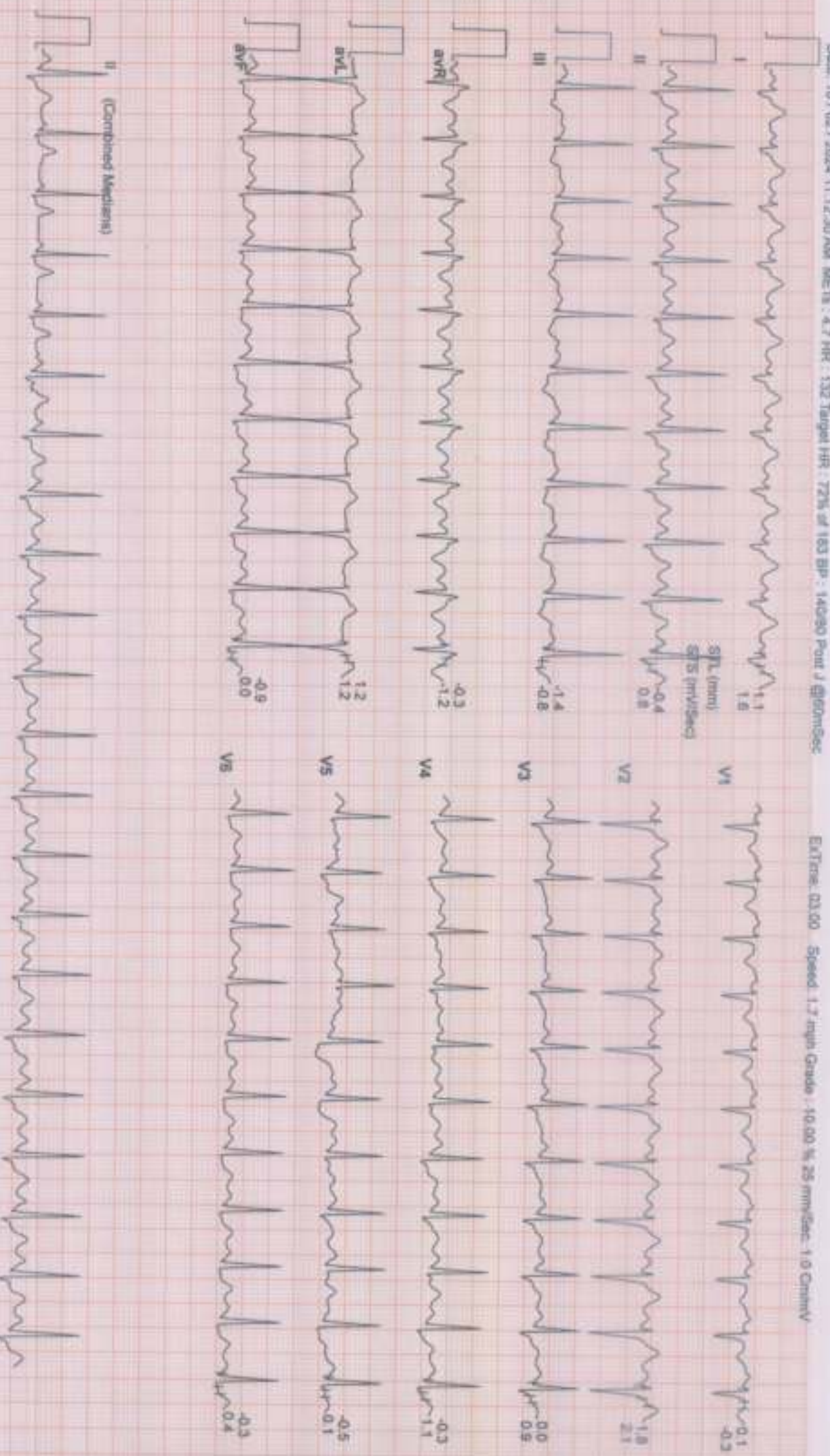
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 OhmV

6X2 Combine Medians + 1 Rhythm

ExStr



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

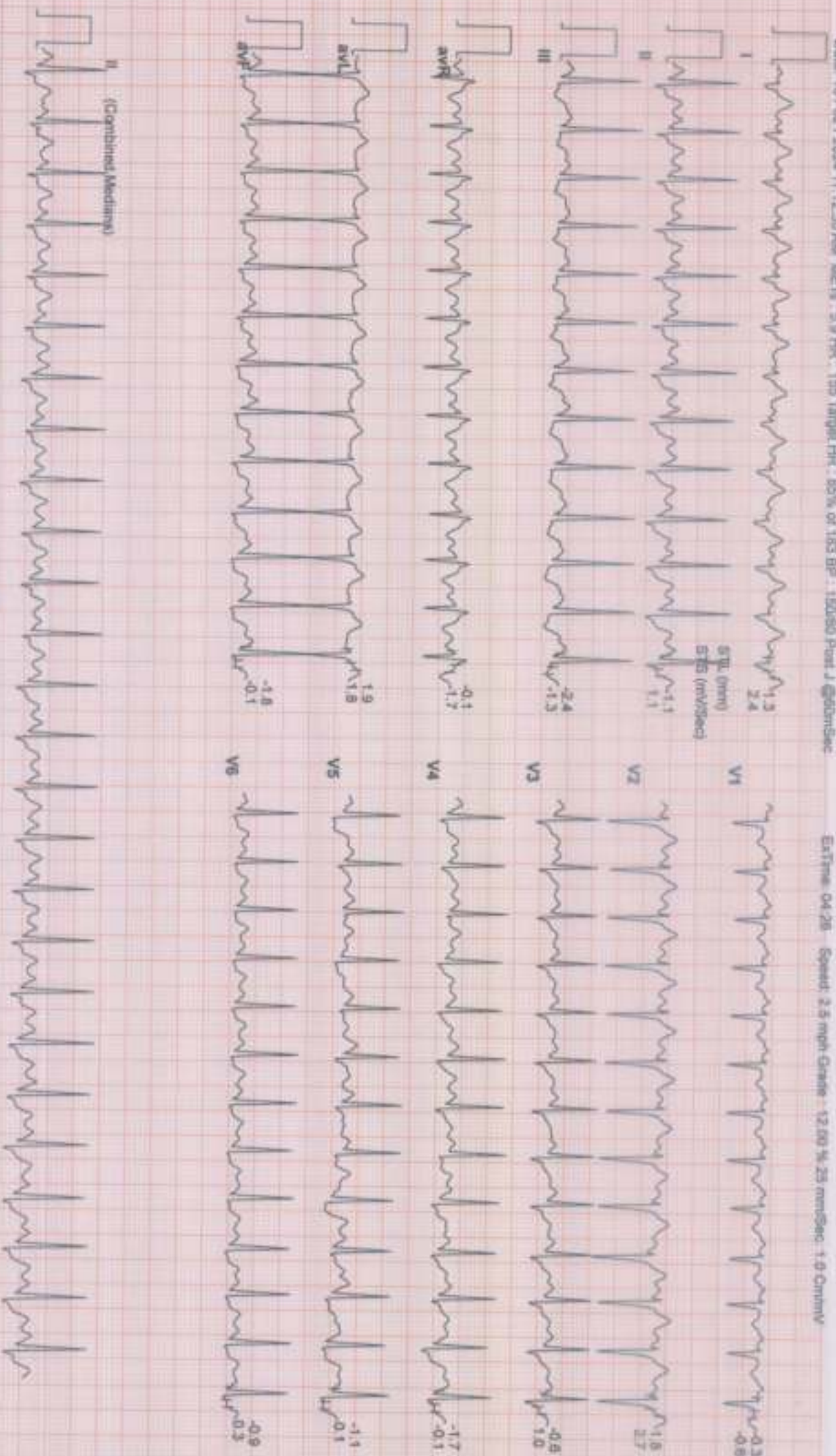
799 / RANJANA DALVI / 37 Yrs / Female / 146 Cm / 55 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 10 / 02 / 2024 11:12:30 AM METS : 5.9 HR : 155 Target HR : 85% of 183 BP : 120/80 Post J @GastricSec

ExTime: 04:26 Speed: 2.5 mph Grade: 12.00 % 25 mmHgSec 1.0 Cm/min



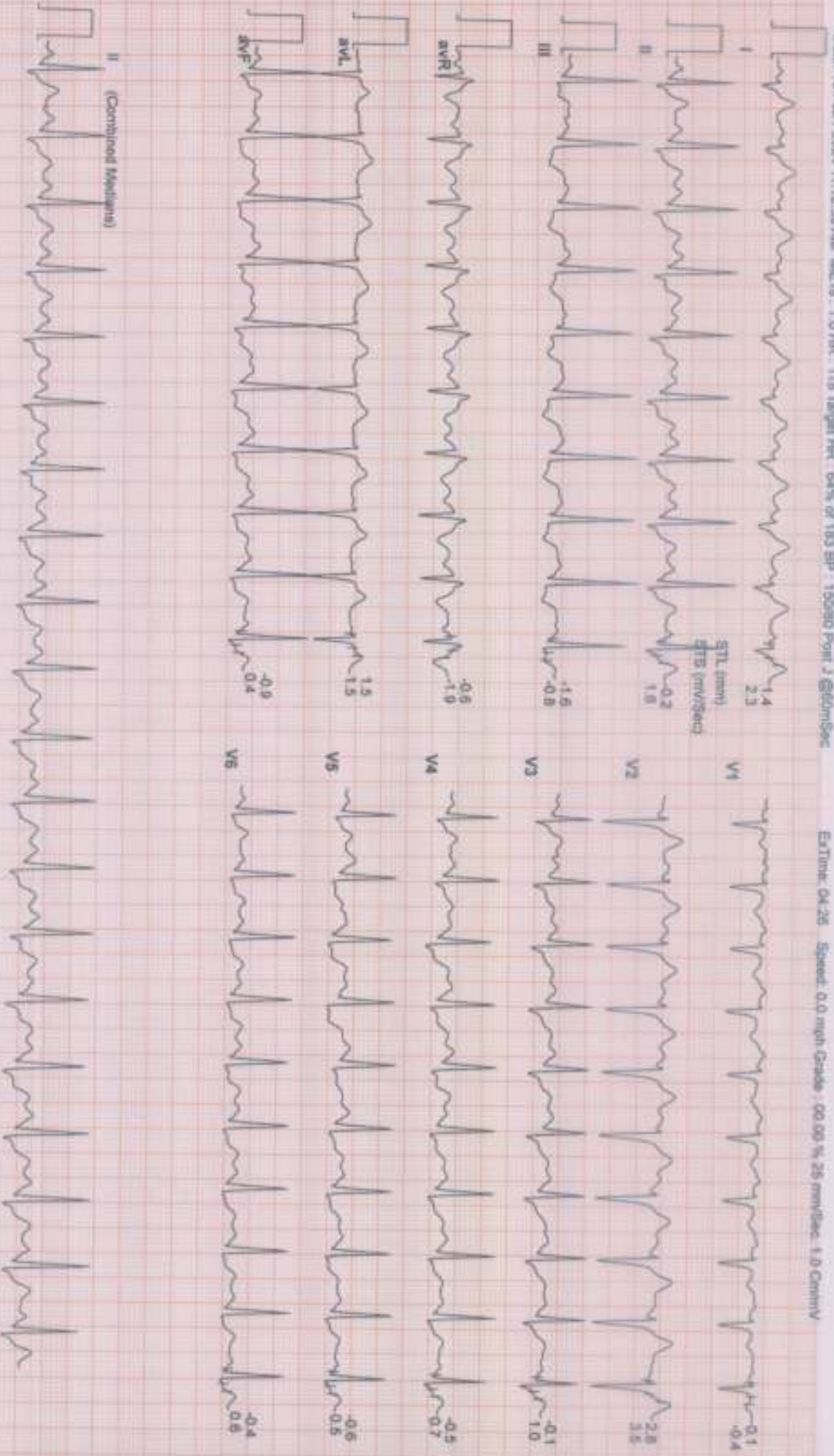
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

799 / RANJANA DALVI / 37 Yrs / Female / 146 Cm / 55 Kg

Date: 10 / 02 / 2024 11:12:30 AM METs : 1.0 HR : 118 Target HR : 64% of 163 BP : 150/80 Pwr: J @60mSec

EstTime: 04:26 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

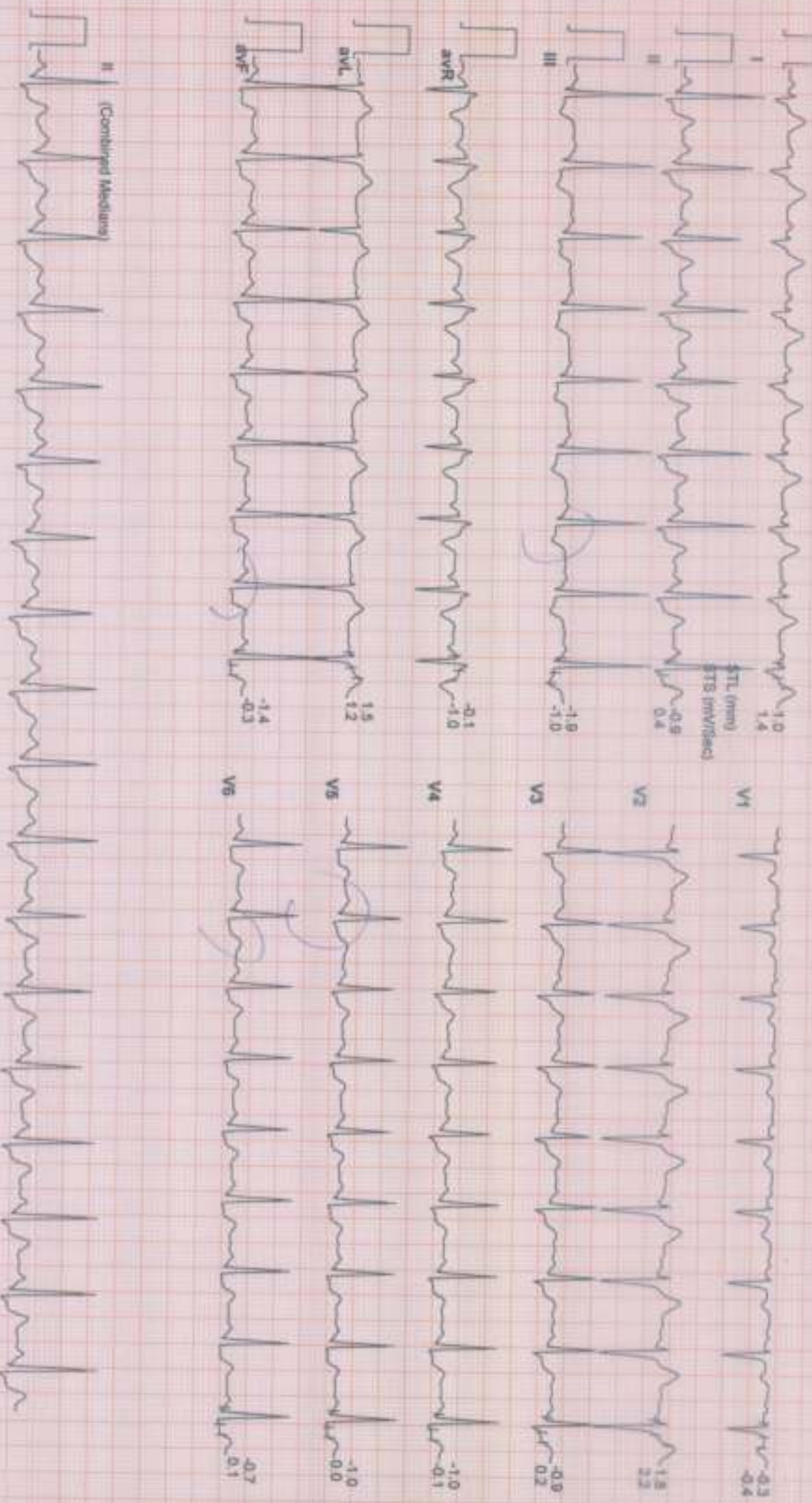
799 / RANJANA DALVI / 37 Yrs / Female / 146 Cm / 55 Kg

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



Date: 10 / 02 / 2024 11:12:30 AM MET: 1.0 HR: 106 Target HR: 98% of 163 BP: 120/80 Post J @SonSec

ExTime: 04:26 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 OhmV



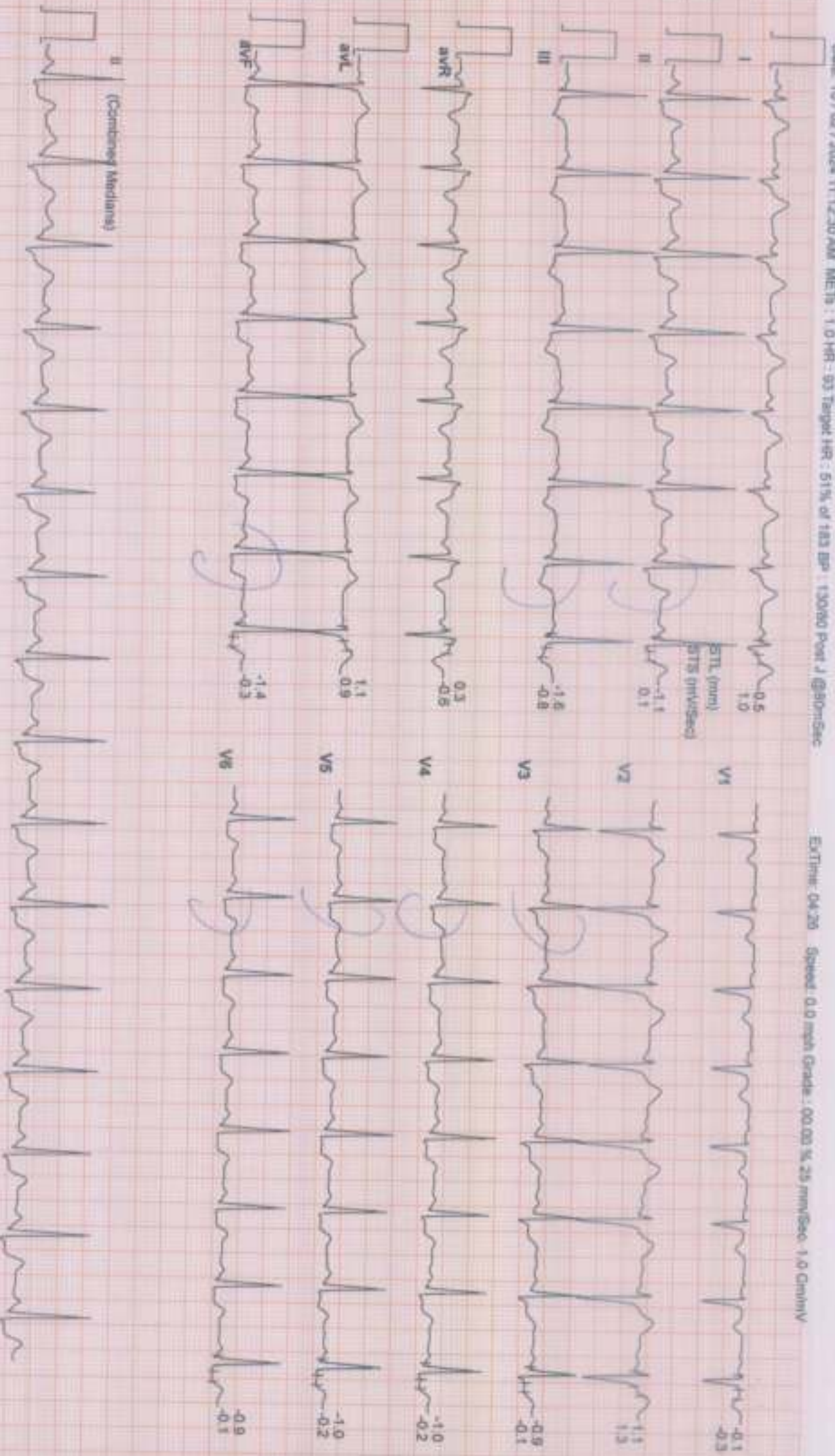
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

799 / RANJANA DALVI / 37 Yrs / Female / 146 Cm / 55 Kg

Date: 10/02/2024 11:12:20 AM METs : 1.0 HR : 93 Target HR : 51% of 163 BP : 130/80 Post J @50r/Sec

ExTime: 04:20 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

753 / RANJANA DALVI / 37 Yrs / Female / 148 Cm / 55 Kg

Date: 10 / 02 / 2024 11:12:30 AM METs : 1.0 HR : 93 Target HR : 81% of 183 BP : 130/80 Post J @kntnisc

EXTm: 04:26 Speed: 0.0 mph Grade : 00.00 % 25 min/Sec - 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm
Recovery : (03:07)

