

**PHYSICAL EXAMINATION REPORT**

Patient Name	Esha Banceye	Sex/Age	F/33.
Date	28/9/24	Location	Thane

**History and Complaints**

C/O - Migraine.

**EXAMINATION FINDINGS:**

Height (cms):	157	Temp (0c):	37.0
Weight (kg):	70.5	Skin:	Acne
Blood Pressure	100/70	Nails:	NAD.
Pulse	72/min	Lymph Node:	

**Systems :**

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

NAD.

**Impression:**

BSL (+) - Impaired.  
USG - Fatty Liver.  
ECG - Sinus Bradycardia.

**Advice:**

- Low Fat, Low sugar Diet  
- Reg. Exercise  
Repeat sugar profile (6 Months)

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

**PERSONAL HISTORY:**

1)	Alcohol	occ.
2)	Smoking	(No)
3)	Diet	ketodiet
4)	Medication	Analgesics (505)

*Handwritten signature*

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



Date: 28/12/24  
Name: Esha Banerjee  
CID: 2427 222 987  
Sex / Age: F 36.33

**EYE CHECK UP**

Chief complaints: PCO

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 34 6/6 2ND 46-

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





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CID : 2427222989  
Name : MRS.ESHA BANERJEE  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Sep-2024 / 08:36  
Reported : 28-Sep-2024 / 11:21

**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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.59	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Measured
MCV	83.7	80-100 fl	Calculated
MCH	26.2	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5850	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.5	20-40 %	
Absolute Lymphocytes	2018.3	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	351.0	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	3311.1	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	169.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	293000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	12.7	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Occasional





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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 19 2-20 mm at 1 hr. Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

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

**Reference:**

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

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

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

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





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	101.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	112.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.30	<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
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	12.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	71.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	32.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.78	0.55-1.02 mg/dl	Enzymatic



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Collected : 28-Sep-2024 / 08:36  
Reported : 28-Sep-2024 / 15:47

eGFR, Serum	103	(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	2.6	3.1-7.8 mg/dl	Uricase/ Peroxidase
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\*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**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
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Pathologist





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Collected : 28-Sep-2024 / 08:36  
Reported : 28-Sep-2024 / 14:55

**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	Slight hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
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>			
(WBC)Pus cells / hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10	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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*Vandana Kulkarni*  
Dr.VANDANA KULKARNI  
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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 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 & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*J. Mujawar*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	129	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	54.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	25.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



*Anupa*

Dr. ANUPA DIXIT  
M.D.(PATH)  
Consultant - Pathologist





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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	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.685	0.55-4.78 microU/ml	CLIA





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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

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

**Reference:**

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

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



*Shreya*

**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant - Pathologist





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**Collected** : 28-Sep-2024 / 12:44  
**Reported** : 28-Sep-2024 / 17:50

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

*Vandana Kulkarni*  
**Dr.VANDANA KULKARNI**  
**M.D ( Path )**  
**Pathologist**



Reg. No. : 2427222989	Sex : FEMALE
NAME : MRS. ESHA BANERJEE	Age : 33 YRS
Ref. By : -----	Date : 28.09.2024

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size (12.5 cm) and **shows increased echoreflexivity**. 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. No evidence of pericholecystic fluid collection/fat strandings. No evidence of sludge.

**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 9.4 x 4.5 cm. Left kidney measures 9.6 x 4.0 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 (10.3 cm) 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 8.7 x 5.2 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.0 mm. Cervix appears normal.

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

The right ovary measures 2.5 x 1.9 cm.

The left ovary measures 2.3 x 1.6 cm.

No free fluid or significant lymphadenopathy is seen.

***Gaseous distention of bowel loops. Visualized bowel show normal forward peristaltic movements.***




Reg. No. : 2427222989	Sex : FEMALE
NAME : MRS. ESHA BANERJEE	Age : 33 YRS
Ref. By : -----	Date : 28.09.2024

**IMPRESSION:**

**GRADE I FATTY INFILTRATION OF LIVER.  
NO OTHER SIGNIFICANT ABNORMALITY IS NOTED AT PRESENT SCAN.**

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.

**Advice: Clinical co-relation and further imaging evaluation if indicated.**

  
**DR. SHIVANGINI V. INGOLE**  
**M.B.B.S., DMRE**  
**(CONSULTANT RADIOLOGIST)**  
**REG NO. 2018/12/6130**



REG NO. : 2427222989	SEX : MALE
NAME : MRS. ESHA BANERJEE	AGE : 33 YRS
REF BY : -----	DATE: 28.09.2024

## 2D ECHOCARDIOGRAPHY

### M – MODE FINDINGS :

#### LEFT VENTRICLE :

LVIDD	36.6	mm
LVIDS	24.7	mm
LVEF	61	%
FS	32	%
IVS	9	mm
PW	10	mm

#### AORTIC VALVE :

LADd	28.1	mm
AODd	28	mm
ACS	15.7	mm

Pulmonary valve study : Normal



1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal  
Regional wall motion abnormality : Absent.  
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal  
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – artrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradient across all the valves.  
2. No shunt / coarctation.  
3. No pulmonary hypertension.

### IMPRESSION :

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF=61%**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVES ARE NORMAL.**



**DR. S.C. DEY**  
**M.D, D.M.**  
**(CARDIOLOGIST)**



Age **33** years **NA** months **NA** days

Gender **Female**

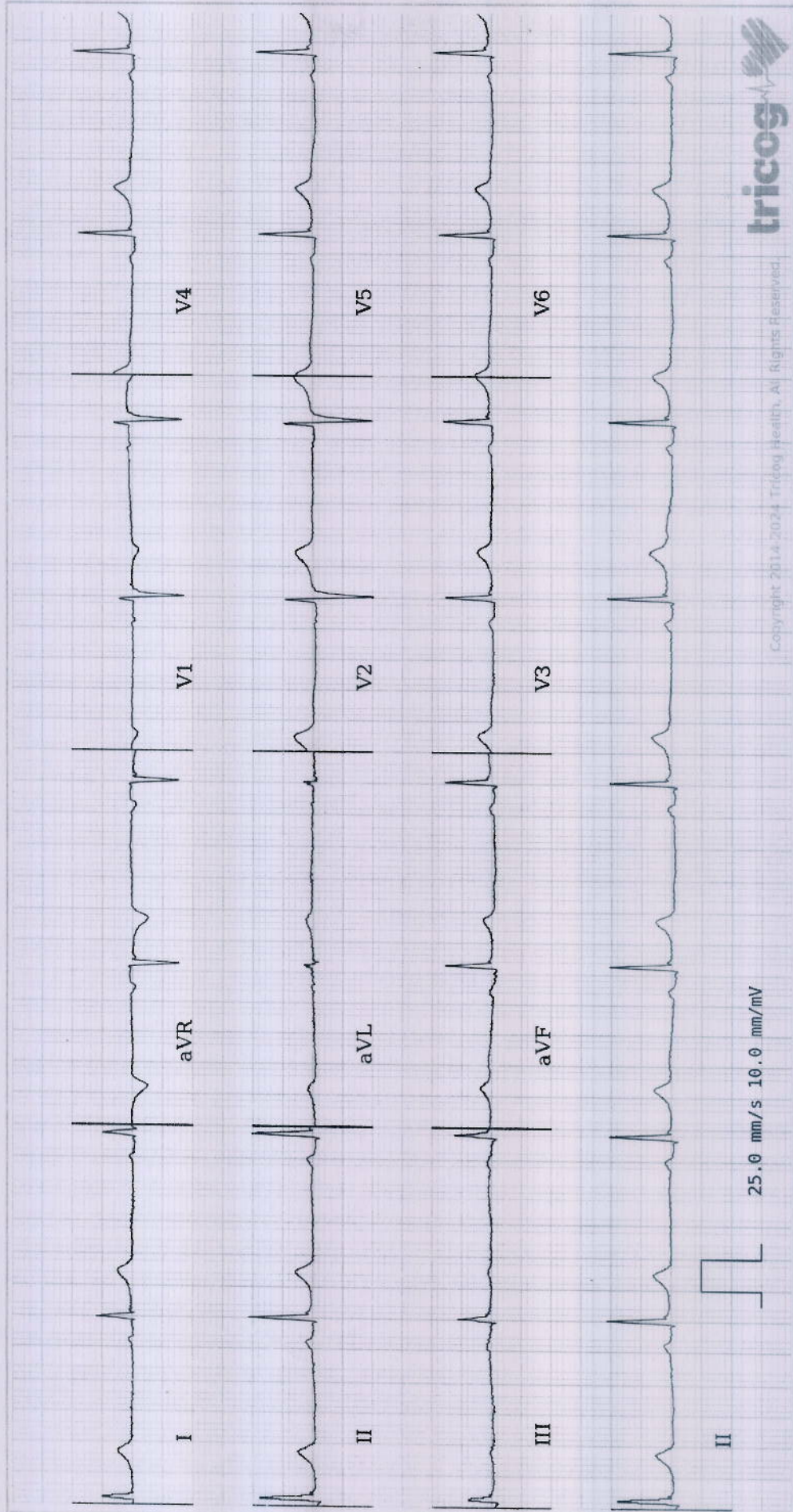
Heart Rate **52bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 82ms  
QT: 418ms  
QTcB: 388ms  
PR: 168ms  
P-R-T: 62° 60° 44°



**Sinus Bradycardia. Please correlate clinically.**

REPORTED BY

*[Signature]*

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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 entered by the clinician and not derived from the ECG.



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2427222989  
 Name : Mrs ESHA BANERJEE  
 Age / Sex : 33 Years/Female  
 Ref. Dr :  
 Reg. Location : G B Road, Thane West Main Centre  
 Reg. Date : 28-Sep-2024  
 Reported : 28-Sept-2024 / 11:55

### 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 Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024092808332345>