



CID : 2406221937
Name : MRS.SHALINI PANDEY
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 02-Mar-2024 / 10:13
Reported : 02-Mar-2024 / 13:06

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.2	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6640	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.7	20-40 %	
Absolute Lymphocytes	1772.9	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	597.6	200-1000 /cmm	Calculated
Neutrophils	59.4	40-80 %	
Absolute Neutrophils	3944.2	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	285.5	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	39.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	281000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER..
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Reported : 02-Mar-2024 / 15:20

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	86.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	23.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	119	(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

URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Bmhasakar

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

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J Thakker

Dr.JYOT THAKKER..
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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Reg. Location : Borivali West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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

*** End Of Report ***



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	141.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	60.5	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	69.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	71.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	60.0	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	11.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

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



J Thakker

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Pathologist & AVP(Medical Services)



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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 02-Mar-2024 / 10:13
Reported : 02-Mar-2024 / 15:08

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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	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	1.95	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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Reported : 02-Mar-2024 / 15:08

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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

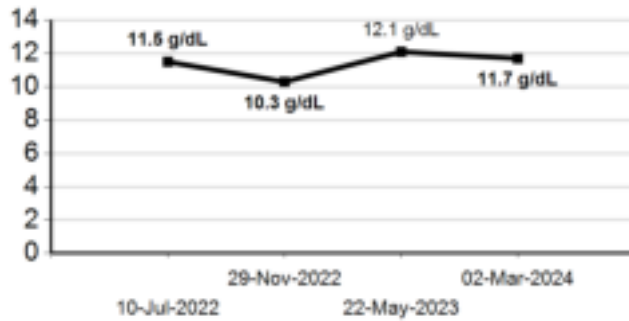
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



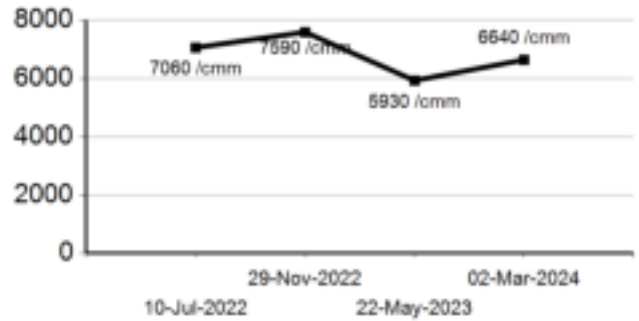
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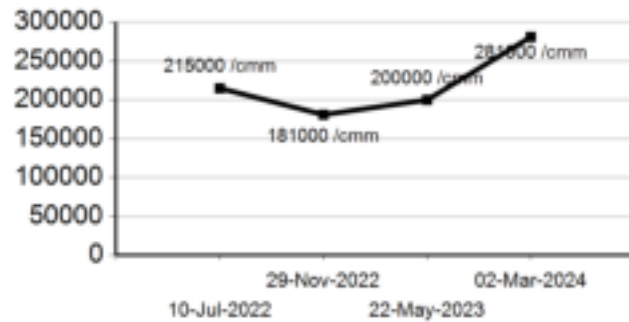
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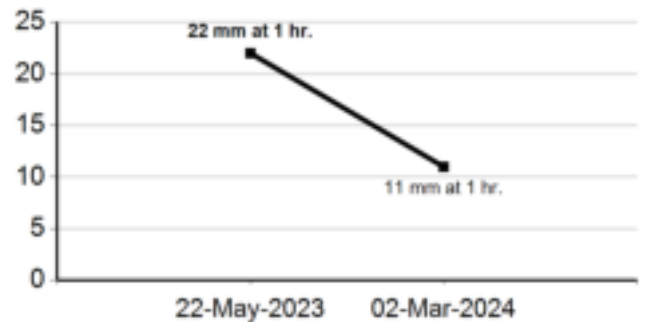
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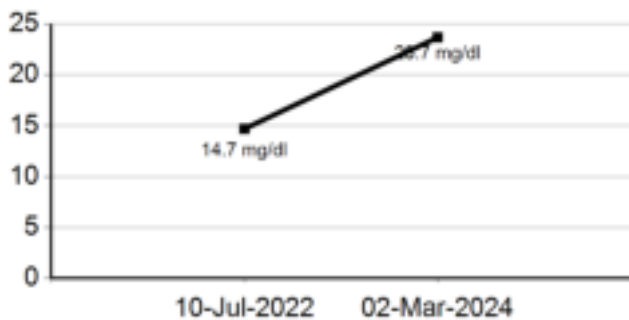
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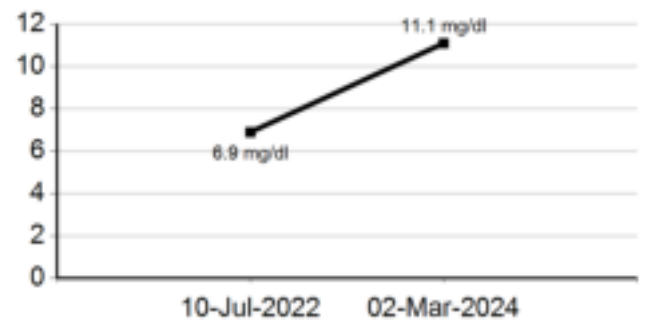
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BLOOD UREA



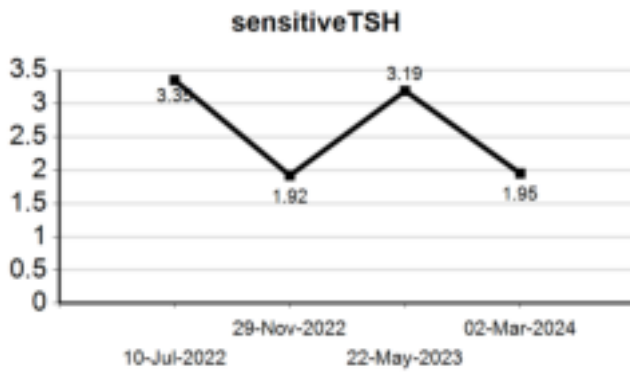
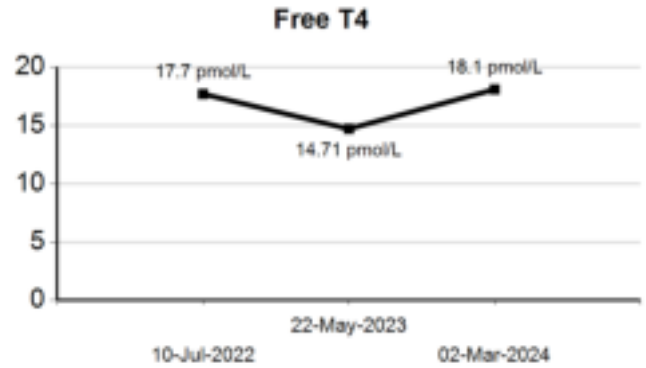
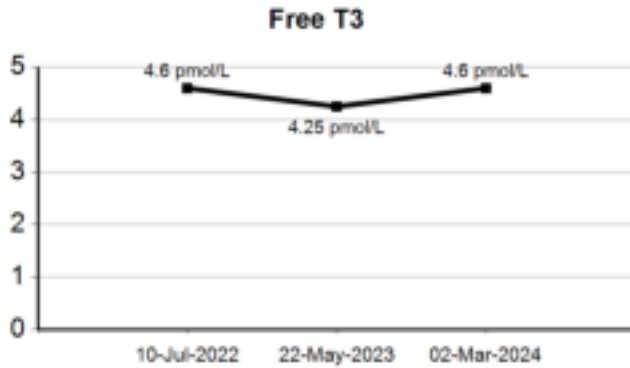
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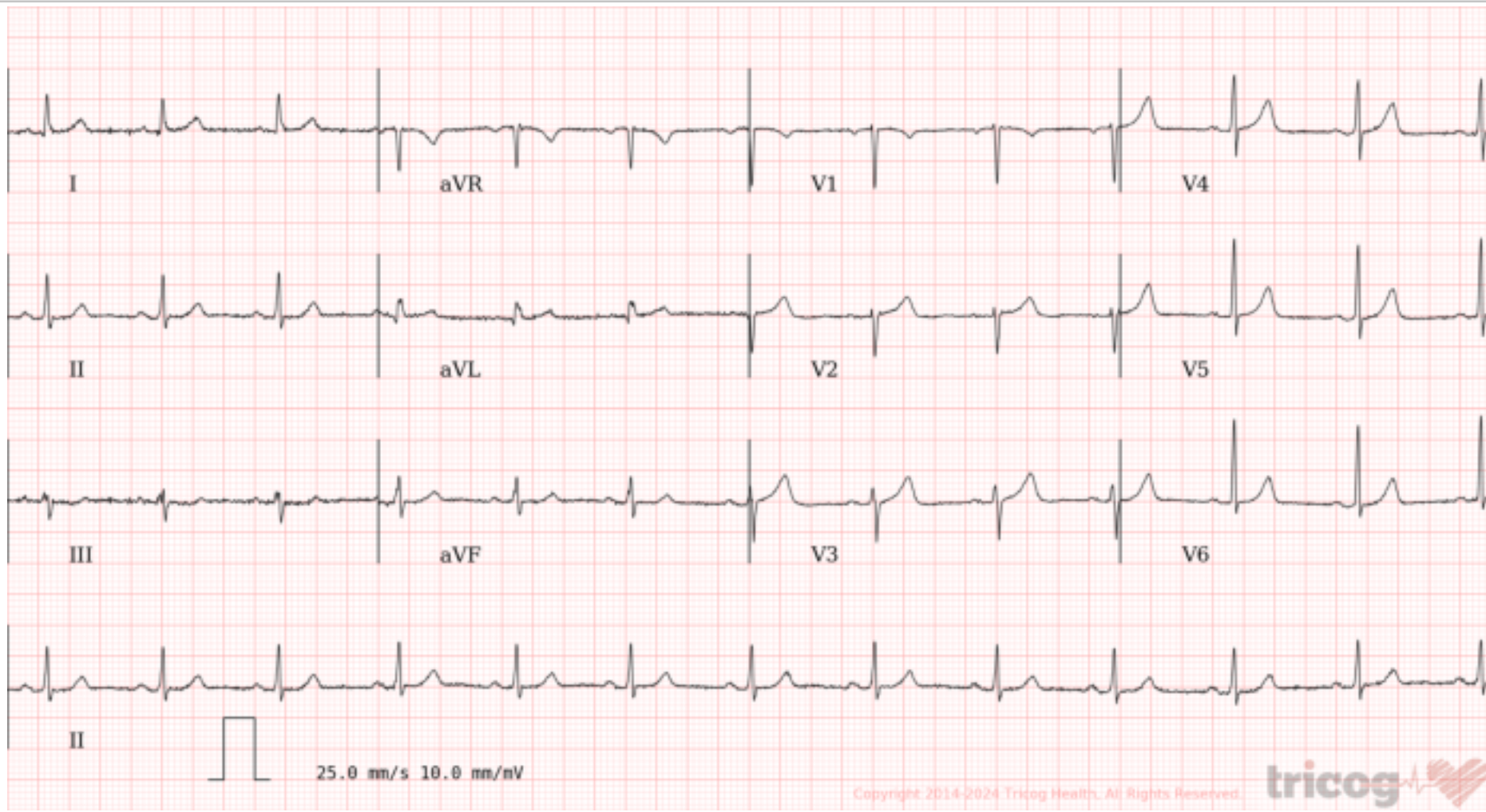
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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SHALINI PANDEY
Patient ID: 2406221937

Date and Time: 2nd Mar 24 10:52 AM



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: 64ms
QT: 326ms
QTcB: 371ms
PR: 136ms
P-R-T: 55° 14° 22°

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

REPORTED BY

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SHALINI PANDEY

Date: 02-03-2024 Time: 11:44

Age: 38 Gender: M Height: 159 cms Weight: 53 Kg ID: 9769735160

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 182 Target HR: 154 (85% of Pr. MHR)
 Exercise Time: 0:06:08 Achieved Max HR: 155 (85% of Pr. MHR)
 Max BP: 160/80 Max BP x HR: 24800 Max Mets: 7
 Test Termination Criteria: TEST COMPLETE

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:33	1	0	0	101	120/80	12120	-2.8 V6	1.8 V6
Standing	00:13	1	0	0	106	120/80	12720	0.5 V2	0.1 II
HyperVentilation	00:12	1	0	0	104	120/80	12480	0.5 II	0.2 II
PreTest	00:08	1	1.6	0	105	120/80	12600	0.7 V6	0.1 I
Stage 1	03:00	4.7	2.7	10	136	140/80	19040	1.2 V5	0.4 V4
Stage 2	03:00	7	4	12	153	160/80	24480	0.4 V2	0.3 V5
Peak Exercise	00:08	6.9	5.5	14	155	160/80	24800	0.5 V5	0.4 V4
Recovery1	01:00	1	0	0	115	140/80	16100	0.5 V3	0.2 V3
Recovery2	01:00	1	0	0	115	140/80	16100	0.3 V2	0.2 V5
Recovery3	00:09	1	0	0	106	130/80	13780	0.3 V2	0.2 V5

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:08 achieving a work level of 7 METS.
 Resting Heart Rate, initially 101 bpm rose to a max. heart rate of 155bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg. rose to a maximum Blood Pressure of 160/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics Pvt. Ltd.
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DR. NITIN SONAVANE
 M.B.B.S. (Gen. Med.)
 CONSULTANT CARDIOLOGIST
 Doctor: DR. NITIN SONAVANE

Ref. Doctor: ---

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHALINI PANDEY (38 M)

HR: 101 bpm

Bruce Protocol
ST/Segment(s) ST/Step(s)/V(s)

ID: 9769735160
Stage: Supine

Date: 02-03-2024
Speed: 0 km/h

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:33
THR: 154 bpm

BP: 120/80 mmHg
ST/Segment(s) ST/Step(s)/V(s)

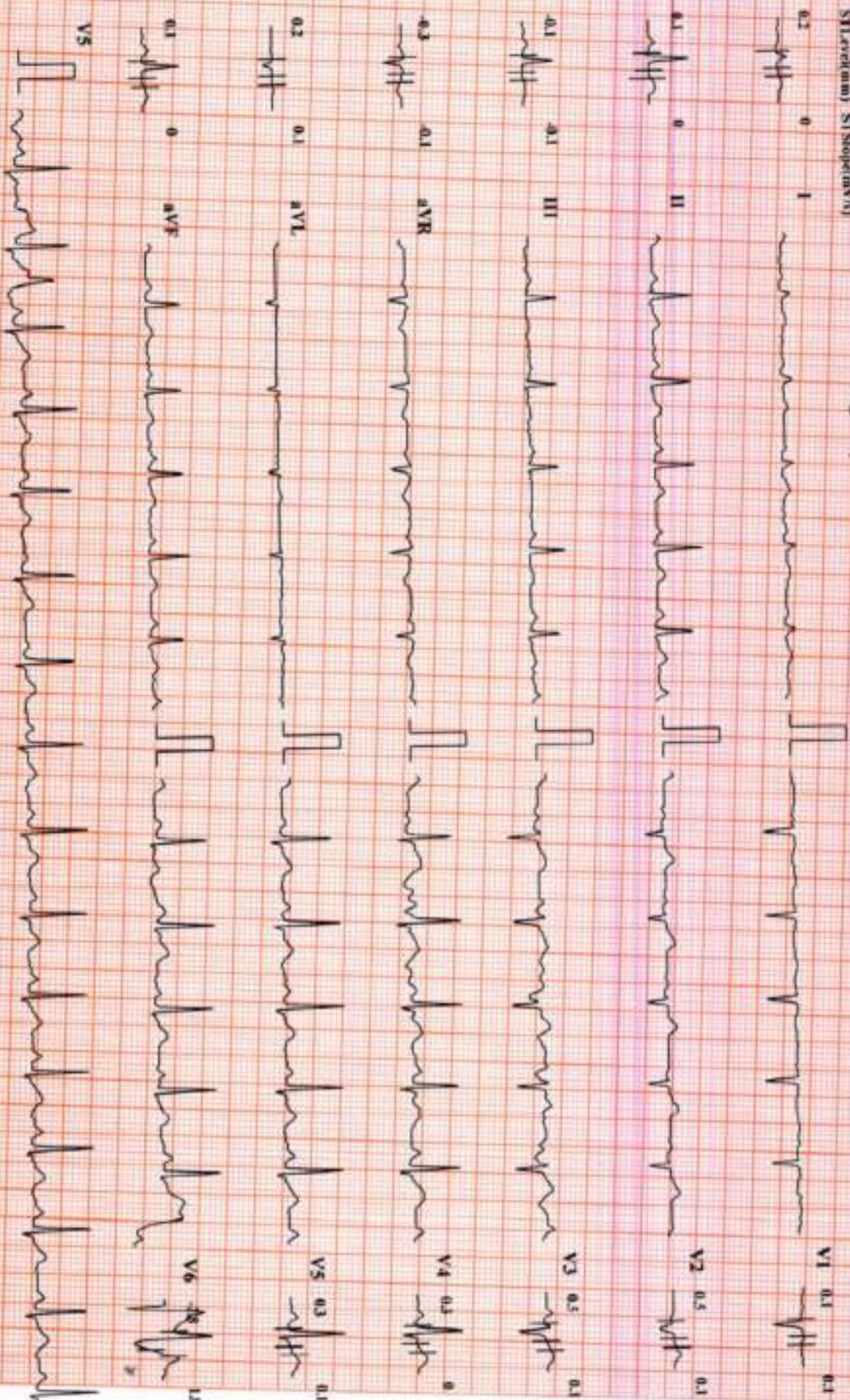


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Means Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller CardioCare CS-200 Version:3.4

SHALINI PANDEY (38 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLead(mV) STSlope(mV/s)

ID: 9769735160
Stage: Standing

Date: 02-03-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0 %

Stage Time: 00:13
THR: 154 bpm

HR: 106 bpm

BP: 120/80 mmHg
STLead(mV) STSlope(mV/s)

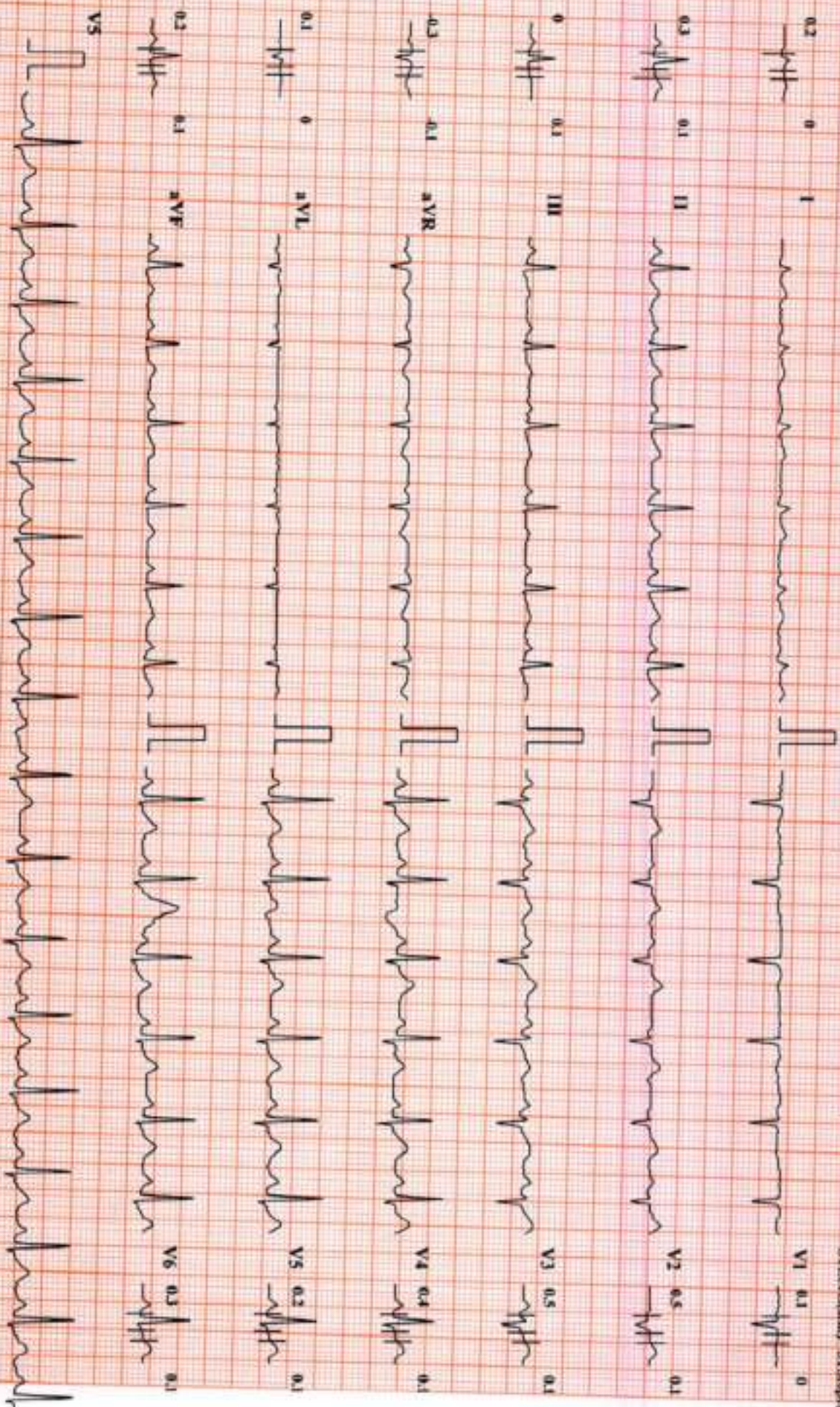


Chart Speed: 25 mmr/sec

Amplitude: 10mm/mV

Filter: 25 Hz Matrix Filter: ON

RSO = R · 60 ms, J = R · 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHALINI PANDEY (38 M)

Bruce Protocol

ST1e2rd1mm) ST1Slope1mV/s

ID: 9769735160

Stage: Hyper-Ventilation

Date: 02-03-2024

Speed: 0

Exec Time: 0:00:00

Slope: 0 %

Stage Time: 00:12

THR: 154 bpm

HR: 104 bpm

Exp: 120:80 mmHg

ST1e2rd1mm) ST1Slope1mV/s



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 40 ms

SHALINI PANDEY (38 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Brice Protocol

ID: 9769735160

Date: 02-01-2024

Exec Time: 0:03:00

Stage Time: 03:00

HR: 136 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Stage: 10%

THR: 154 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

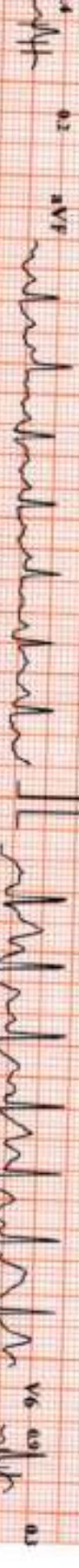


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz - Main Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - I - 60 ms

Schiller Cardiomh CS-30 Version: 1.4

SHALINI PANDEY (38 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mV) STSlope(mV/s)

ID: 9769735160
Stage: 2

Date: 02-03-2024
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12%

Stage Time: 03:00
THR: 154 bpm

HR: 153 bpm

BP: 160/80 mmHg

STLevel(mV) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz, Main Filter: ON

ISO = R - 60 ms, J - R + 60 ms, P-wal J - J + 60 ms

SHALINI PANDEY (38 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 9769735160

Date: 02-03-2024

Exer Time: 0:06:08

Stage Time: 00:08

HR: 155 bpm

ST1:(v1mv) ST2:(v3mv/v4)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 154 bpm

BP: 160/80 mmHg

ST1:(v1mv) ST2:(v3mv/v4)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Matrix Filter ON

ISO = R - 60 ms, I = R - 60 ms, PR = I + 60 ms

SHALINI PANDEY (38 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Trace Protocol:

ID: 9769735160

Date: 02-03-2024

Exec Time: 00:00

Stage Time: 00:37

HR: 132 bpm

STLead(mn) STSlope(aVn)

Stage: Recovery 1

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

BP: 160/80 mmHg

0.2 0 1



V1 0 0

0.2 0.1



V2 0.6 0.1

0 0.1



V3 0.3 0.2

0.2 0.1



V4 0.5 0.2

0.1 0.1



V5 0.4 0.3

0.1 0.1



V6 0.2 0.2

0.1 0.1



V5 0.2 0.2

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 00 ms, J - R - 60 mc, Post J - J - 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

SHALINI PANDEY (38 M)

Brice Protocol
STLevel(mm) STSlope(mV/s)

ID: 9769735161
Single Recovery: 1

Date: 02-03-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 154 bpm

HR: 115 bpm

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

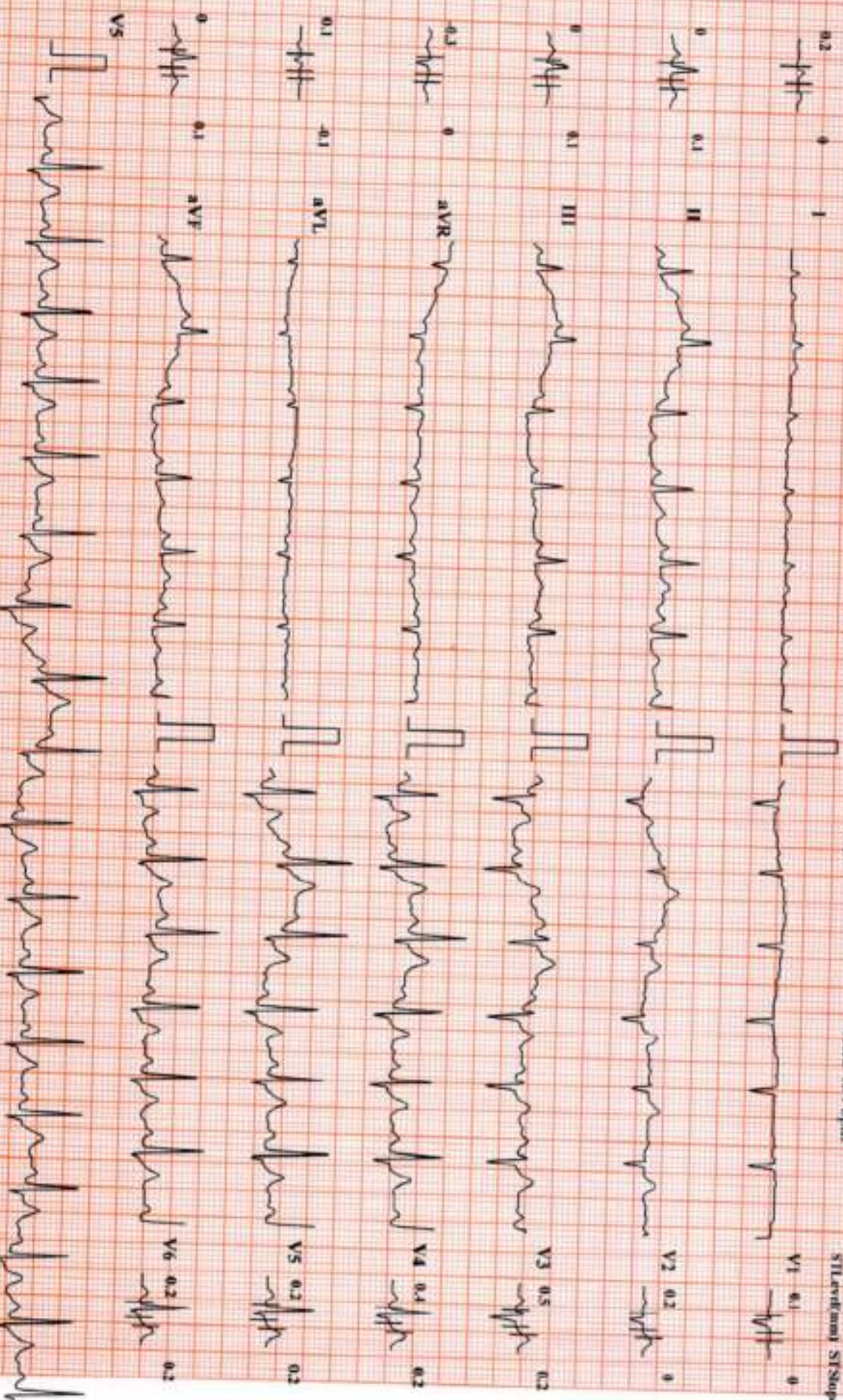


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms; J - R - 60 ms; Post J - J - 60 ms

SHALINI PANDEY (38 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Brice Protocol
STLead(m) STSeg(mV/s)

ID: 9769735160
Stage: Recovery/2

Date: 02-03-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 154 bpm

HR: 115 bpm

BP: 140/80 mmHg
STLead(m) STSeg(mV/s)

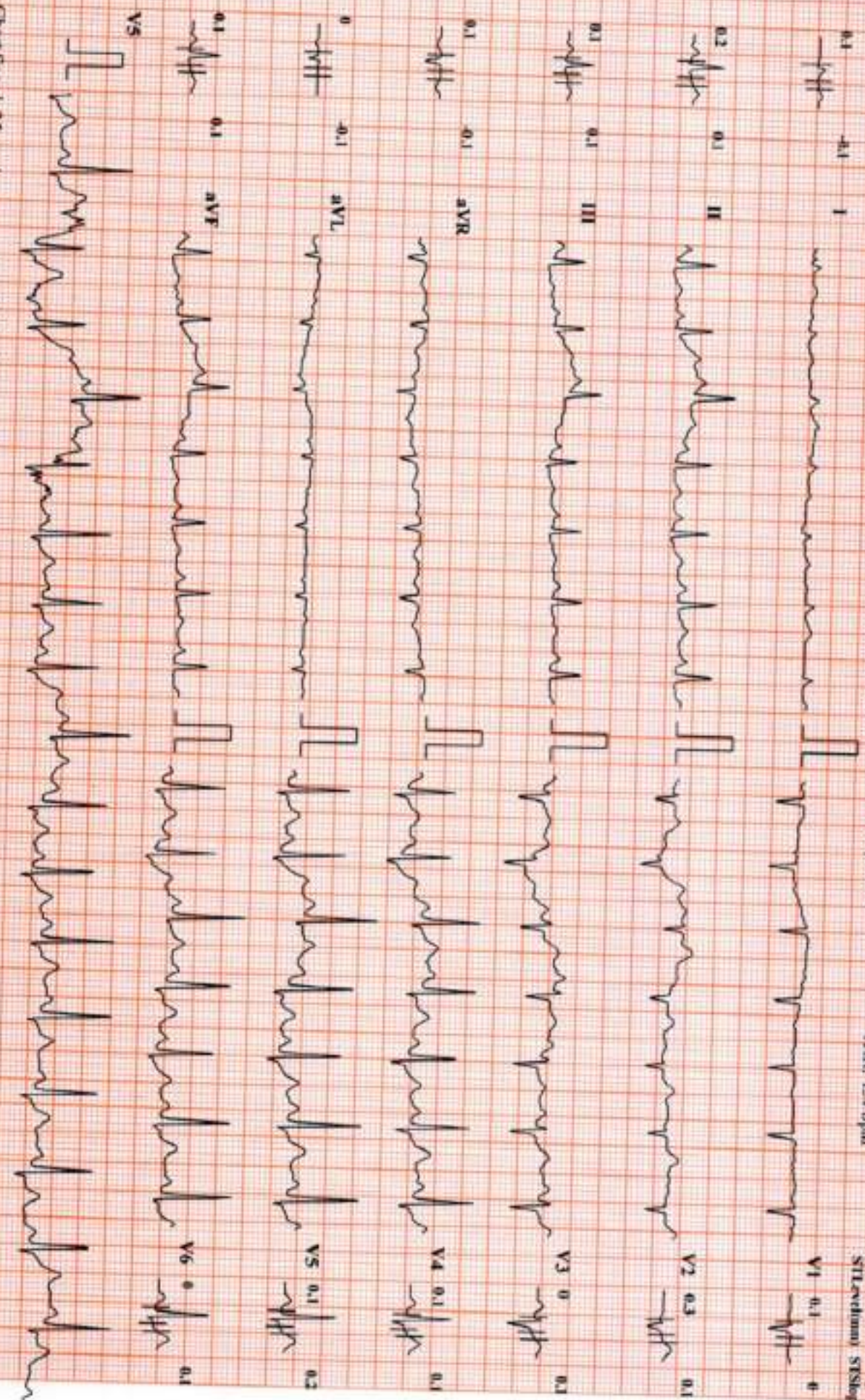


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Matrix Filter: GN

ISO - R - 60 ms, J - R - 60 ms, Post J - J + 60 ms

SHALINI PANDEY (38 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 9769735160

Date: 02-03-2024

Face Time: 00:00

Stage Time: 00:07

HR: 106 bpm

STLevel(mV) STSlope(uV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 154 bpm

BP: 130/80 mmHg

STLevel(mV) STSlope(uV/s)

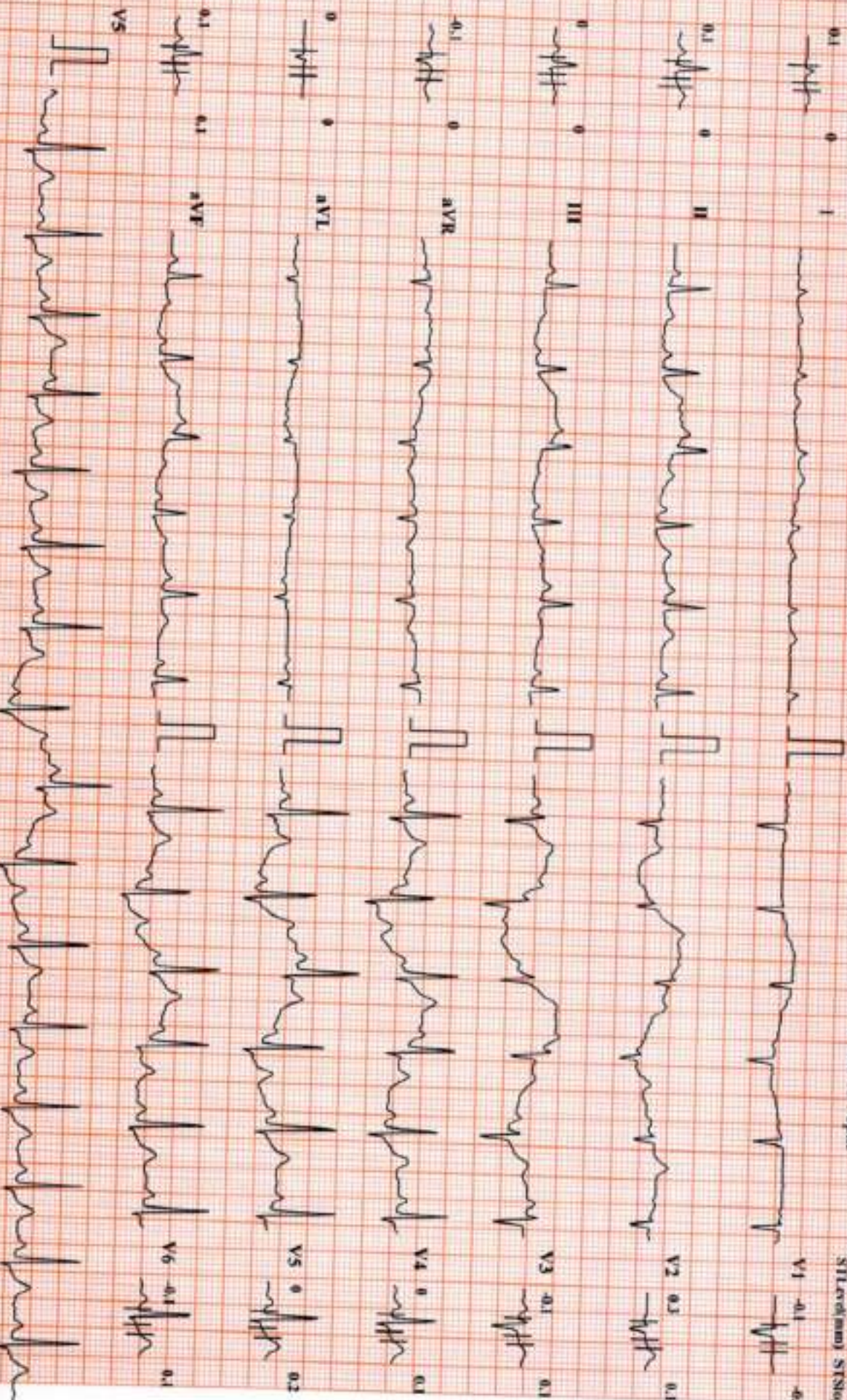


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz - Main Filter: ON

ISO - R - 60 ms, J - R - 60 ms, Post J - J + 60 ms

Schiller Cardiofit C-5-20 Version 3.4



CID : 2406221937
Name : Mrs SHALINI PANDEY
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 02-Mar-2024
Reported : 02-Mar-2024/11:39

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 11.3 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 11.1 mm normal. **CBD:** CBD is 3.7 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.4 x 8.9 cm. Left kidney measures 10.6 x 4.5 cm. Both kidneys are normal in 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.
Pre void volume - 570 cc Post void volume - 47.7 cc

UTERUS: Uterus is anteverted, normal and measures 5.9 x 5.4 x 5.3 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4.1 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 1.3 x 1.7 cm

The left ovary measures 1.9 x 1.7 cm

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



Use a QR Code Scanner
Application To Scan the Code

CID : 2406221937
Name : Mrs SHALINI PANDEY
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 02-Mar-2024
Reported : 02-Mar-2024/11:39

Opinion:

Grade I fatty infiltration of liver

For clinical correlation and follow up.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2406221937
Name : Mrs SHALINI PANDEY
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 02-Mar-2024
Reported : 02-Mar-2024/11:39



Use a QR Code Scanner
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CID : 2406221937
Name : Mrs SHALINI PANDEY
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 02-Mar-2024
Reported : 02-Mar-2024/12:16

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
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RegNo .MMC 2016061376.



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CID : 2406221937
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Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 02-Mar-2024
Reported : 02-Mar-2024/12:16