

PHYSICAL EXAMINATION REPORT

Patient Name	Mudavath Kumari	Sex/Age	29 / F
Date	3/5/2019 09/11/2024	Location	Ranve.

History and Complaints

Cl - Hypertrophied Turbinate (Rt)

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	98.6
Weight (kg):	62.9	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	.

Systems :

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

Impression: ↓ Hb. (F/s/o - thalassaemia trait)
 Urine - 8-10 pus cells/hpf.
 ↓ T3, T4
 ECG - Sinus Bradycardia.

USG -
Fatty liver

- Iron Supplement

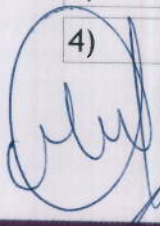
Advice: - Drink Plenty of Liquids.

Repeat Thyroid Profile (6 Months)
Low Fat, Low sugar Diet, Reg Exercise.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
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	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Lump/cyst in Lt. ovary.
15)	Congenital disease	
16)	Surgeries	2LSCS, Lt-oophorectomy
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	mixed
4)	Medication	For Hypertrophied turbinate.

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

Date:- 9/11/24 CID: 21431408024
 Name:- Muebarath Kudva Sex / Age: M.F. - 29.

EYE CHECK UP

Chief complaints: Rec V

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 3/60 R, 2/60 L


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 : 2431419824
Name : MRS.MUDAVATH KUMARI BHAI
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 08:00
Reported : 09-Nov-2024 / 12:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	10.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.12	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.2	36-46 %	Measured
MCV	62.9	80-100 fl	Calculated
MCH	20.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	11410	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.9	20-40 %	
Absolute Lymphocytes	3411.6	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	1095.4	200-1000 /cmm	Calculated
Neutrophils	60.3	40-80 %	
Absolute Neutrophils	6880.2	2000-7000 /cmm	Calculated
Eosinophils	0.2	1-6 %	
Absolute Eosinophils	22.8	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	269000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	17.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	+		
Microcytosis	++		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest thalassemia trait.

Advice : Hb Electrophoresis & Reticulocyte count estimation recommended.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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.



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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



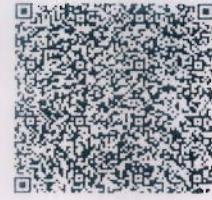
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	97.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	112.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.42	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	10.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.3	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	70.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	32.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	15.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.66	0.55-1.02 mg/dl	Enzymatic



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eGFR, Serum	122	(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	3.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

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Collected : 09-Nov-2024 / 08:00
Reported : 09-Nov-2024 / 13:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12	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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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
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J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 29 Years / Female
Consulting Dr. : -
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Collected : 09-Nov-2024 / 08:00
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	137	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	53.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	117.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.1	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



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



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Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 08:00
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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	3.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.5	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	2.42	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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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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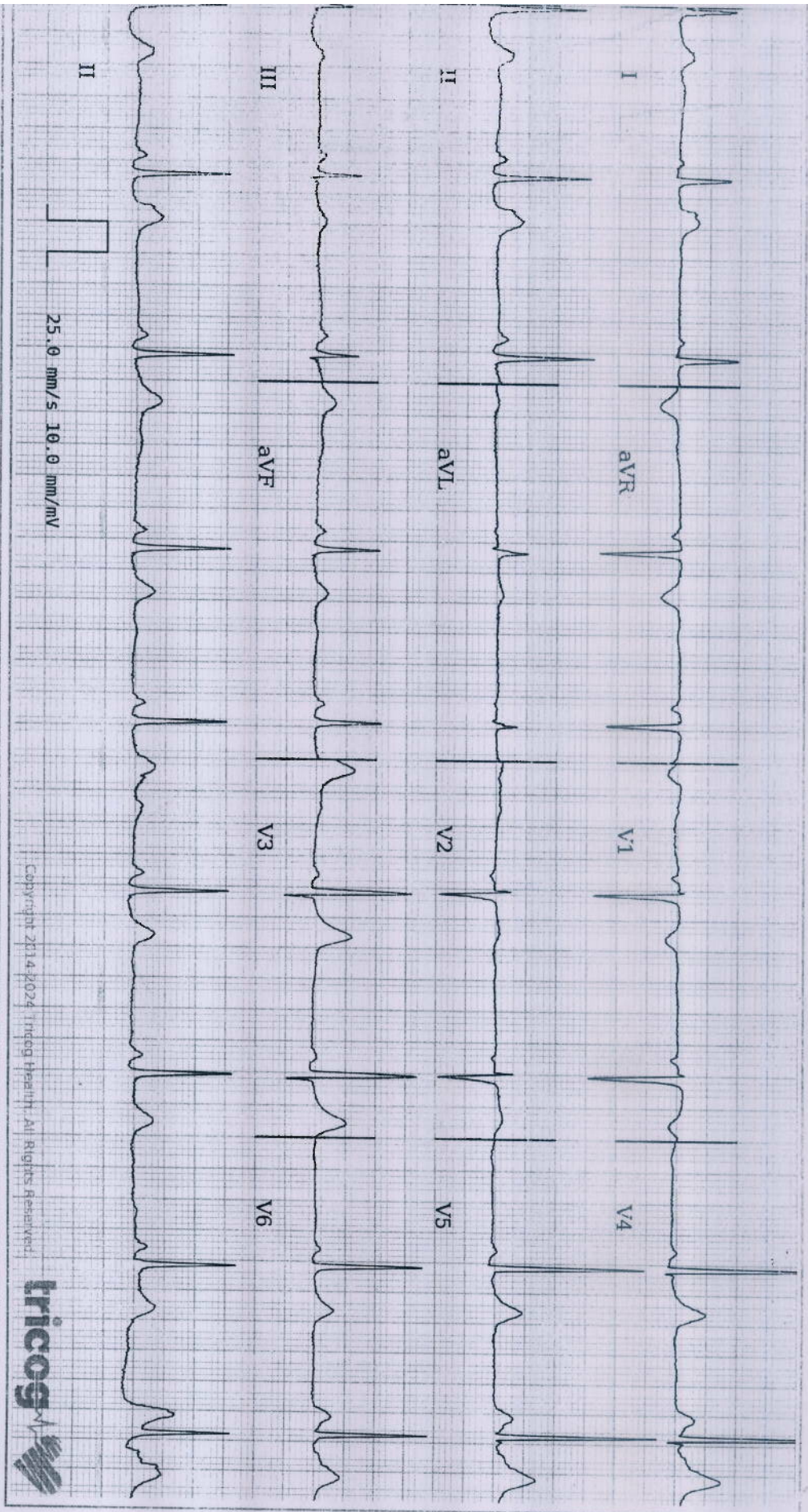
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age **29** NA NA
years months days

Gender **Female**

Heart Rate **52bpm**

Patient Vitals

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

Measurements

QRSd: 72ms
QT: 422ms
QTcB: 392ms
PR: 140ms
P-R-T: 72° 51° 47°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

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



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CID : 2431419824
Name : Mrs MUDAVATH KUMARI BHAI
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 12:15

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-2024110907521810>

Reg. No. : 2431419824	Sex : FEMALE
NAME : MRS. MUDAVATH KUMARI BHAI	Age : 29 YRS
Ref. By : -----	Date : 09.11.2024

USG ABDOMEN AND PELVIS (TAS + TVS)

LIVER: Liver appears normal in size (14.0 cm) and *shows increased echorefectivity*. 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 10.1 x 4.1 cm. Left kidney measures 8.9 x 5.5 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 (9.9 cm) shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and measures 6.0 x 4.1 x 3.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.2 mm. Cervix appears normal.

OVARIES:

The right ovary measures 2.0 x 1.9 x 2.0 cm and ovarian volume is 4.0 cc.
The left ovary is not visualised. (Post oophorectomy status- history given by patient)
Bilateral adnexa are clear.

Minimal free fluid is seen in pouch of douglas.



Email:

2804 (431419824) / MADHUVATH KUMARI BHAI / 29 Yrs / F / 157 Cms / 63 Kg
 Date: 09 / 11 / 2024 09:33:26 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	00.0	00.0	01.0	078	41 %	110/70	085	00	
Standing	00:28	0:12	00.0	00.0	01.0	078	41 %	110/70	085	00	
HV	00:41	0:13	00.0	00.0	01.0	082	43 %	110/70	090	00	
ExStart	00:52	0:11	00.0	00.0	01.0	083	43 %	110/70	091	00	
BRUCE Stage 1	03:52	3:00	01.7	10.0	04.7	115	60 %	120/70	138	00	
BRUCE Stage 2	06:52	3:00	02.5	12.0	07.1	133	70 %	130/80	172	00	
PeakEx	08:26	1:34	03.4	14.0	08.7	162	85 %	150/80	243	00	
Recovery	09:26	1:00	00.0	00.0	01.1	130	68 %	150/80	195	00	
Recovery	09:57	1:32	00.0	00.0	01.0	118	62 %	120/80	141	00	

FINDINGS :

Exercise Time : 07:34
 Initial HR (ExStrt) : 83 bpm 43% of Target 191
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 8.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.5 mm in Standing
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 162 bpm 85% of Target 191
 Max BP Attained 150/80 (mm/Hg)

DR. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.N.O. 99977

Doctor : DR. SHAILAJA PILLAI



EMail: 2804 / MADHUVATH KUMARI BHAI / 29 Yrs / F / 157 Cms / 63 Kg Date: 09 / 11 / 2024 09:33:26 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 78.0 bpm, and the maximum predicted Target Heart Rate 191.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen. Basic ECG Nonspecific ST T changes.
3. HR and Blood pressure response to exercise is normal.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

REG NO. 40972

Doctor : DR. SHAILAJA PILLAI



2804 (2431419824) / MADHUVATH KUMARI BHAI / 29 Yrs / F / 157 Cms / 63 Kg / HR : 76

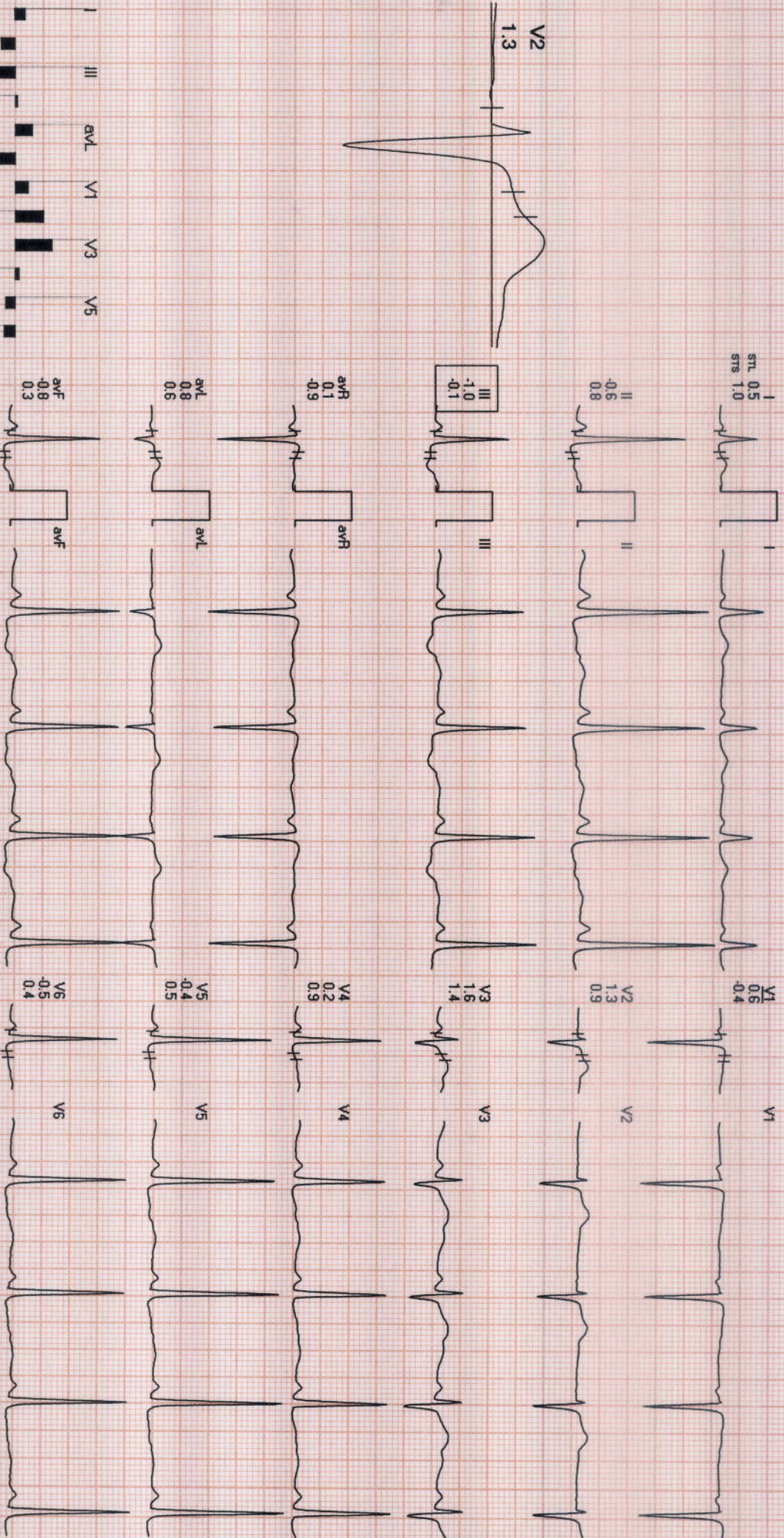
Date: 09 / 11 / 2024 09:33:26 AM METS: 1.0/ 76 bpm 40% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X

60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

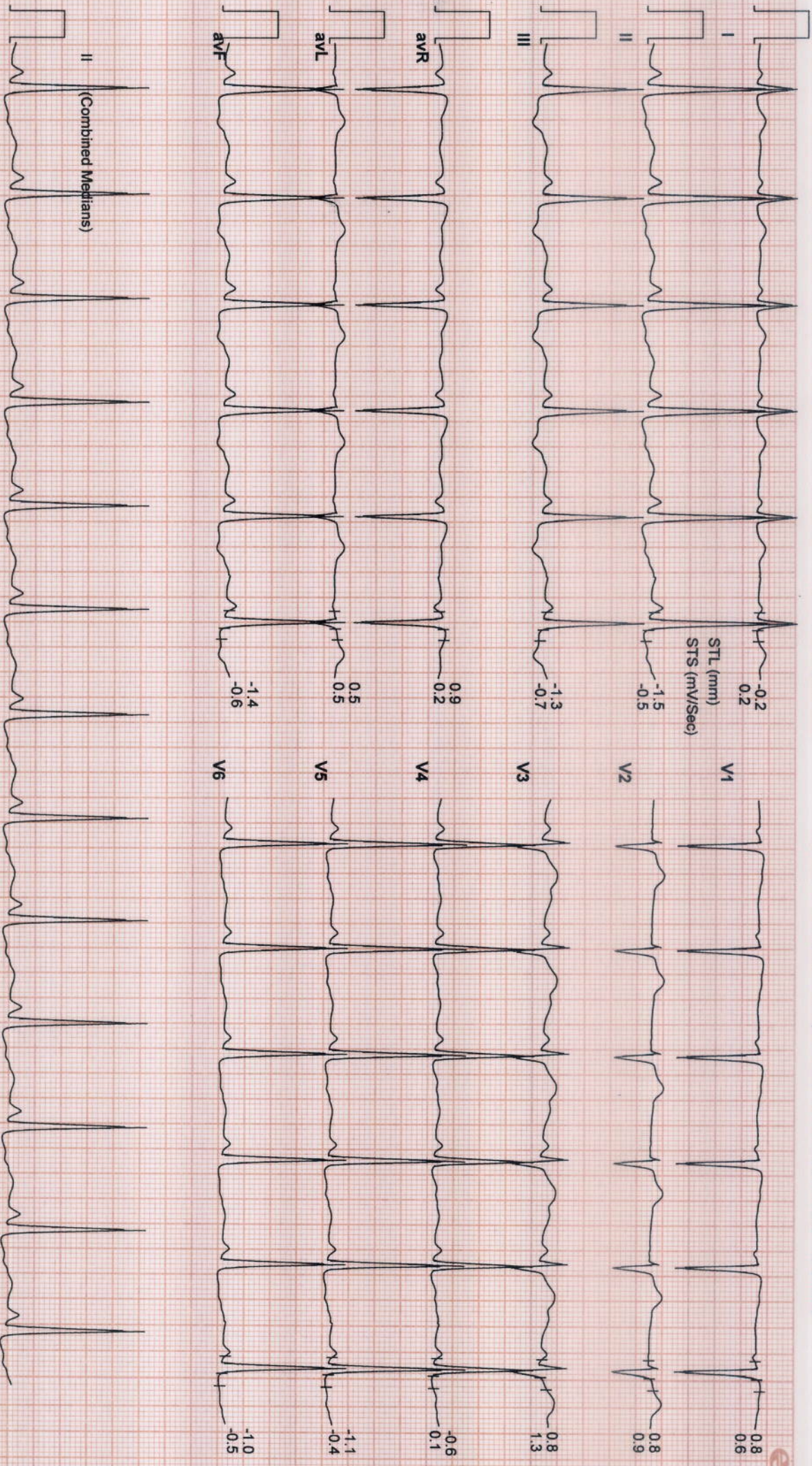
2804 / MADHUVATH KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

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



Date: 09 / '11 / 2024 09:33:26 AM METs : 1.0 HR : 78 Target HR : 41% of 191 BP : 110/70 Post J @80mSec

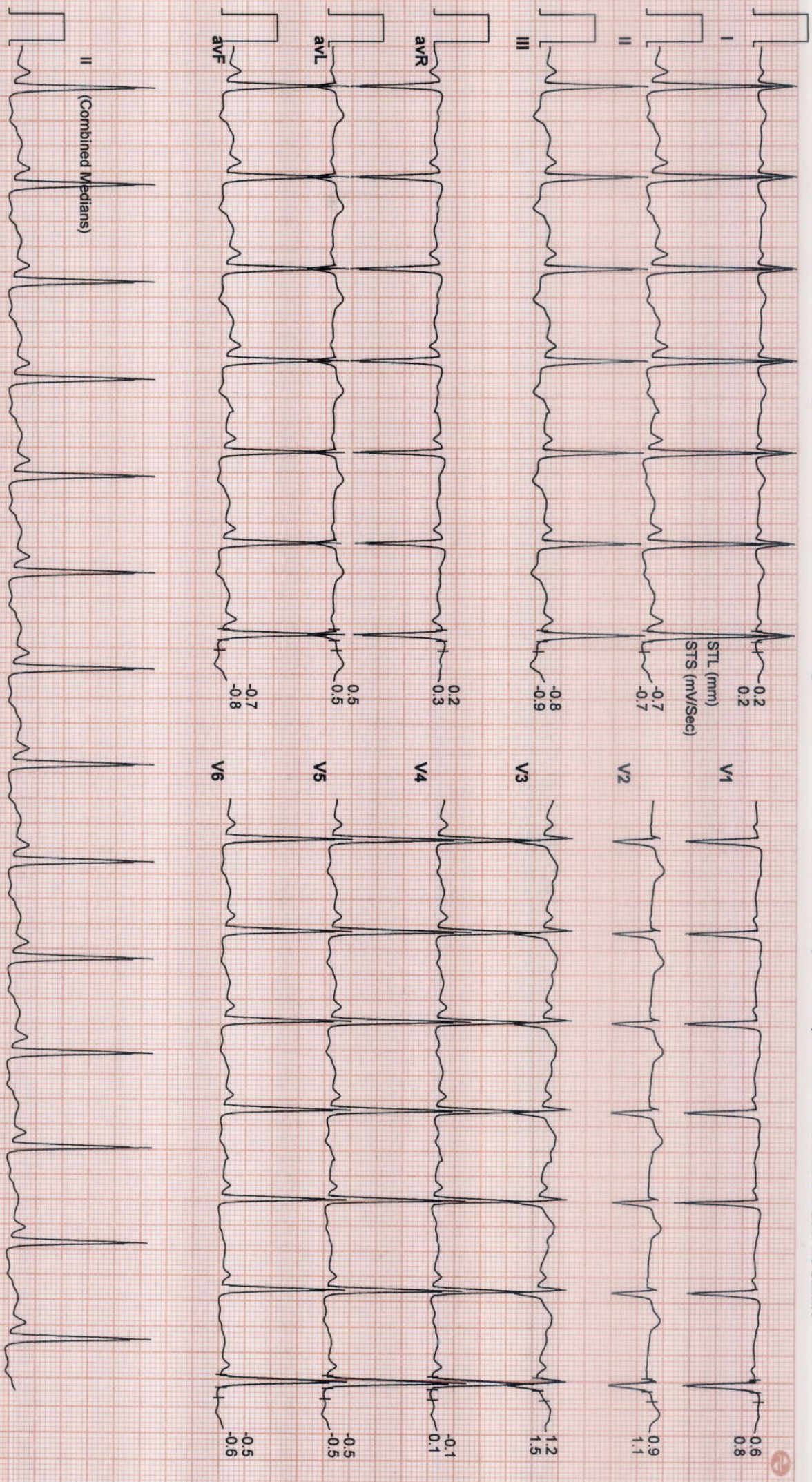
EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 / 11 / 2024 09:33:26 AM METs : 1.0 HR : 82 Target HR : 43% of 191 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

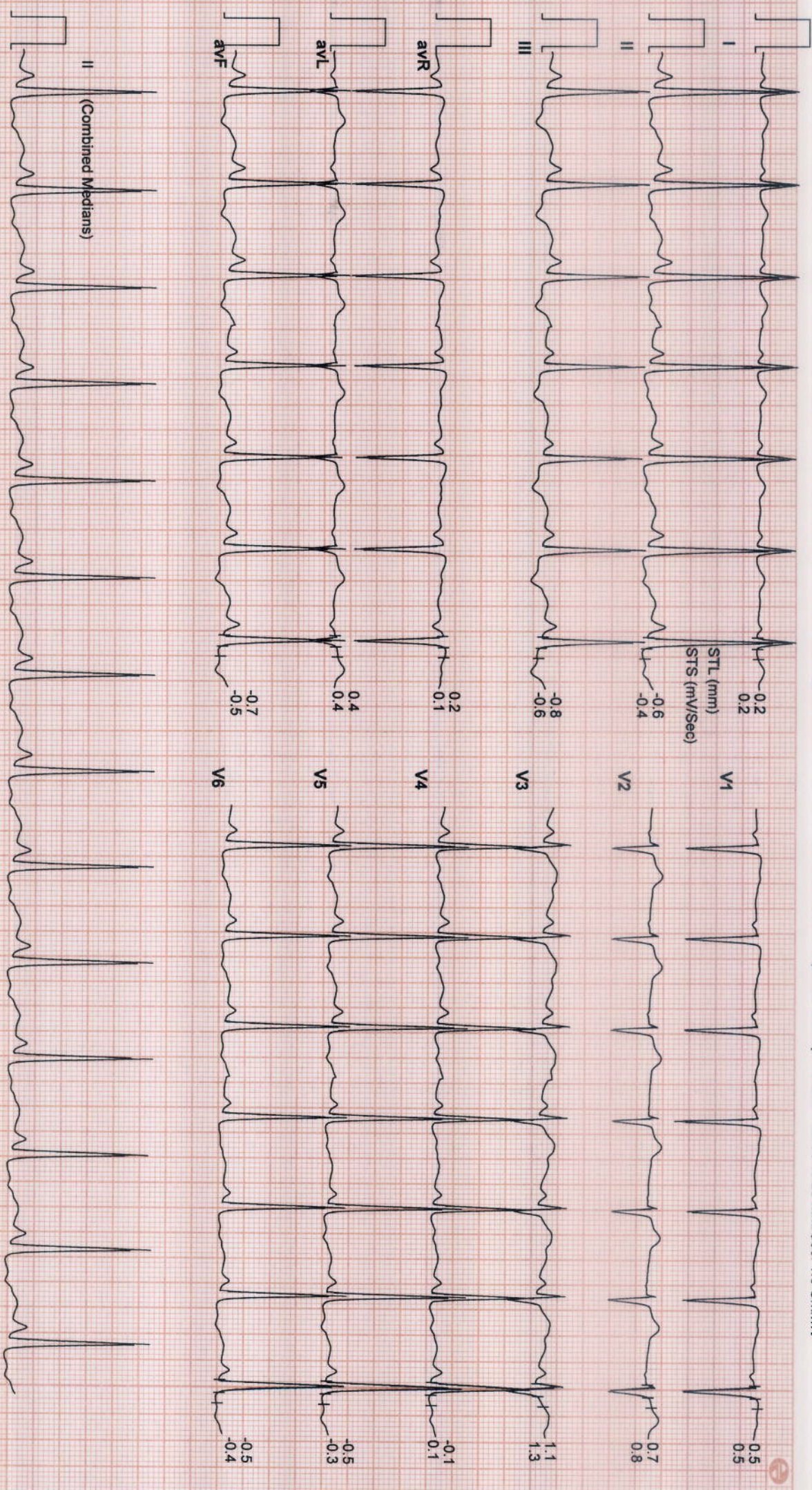
2804 / MADHUVATH KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
EXSirt



Date: 09 / 11 / 2024 09:33:26 AM METs : 1.0 HR : 83 Target HR : 43% of 191 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

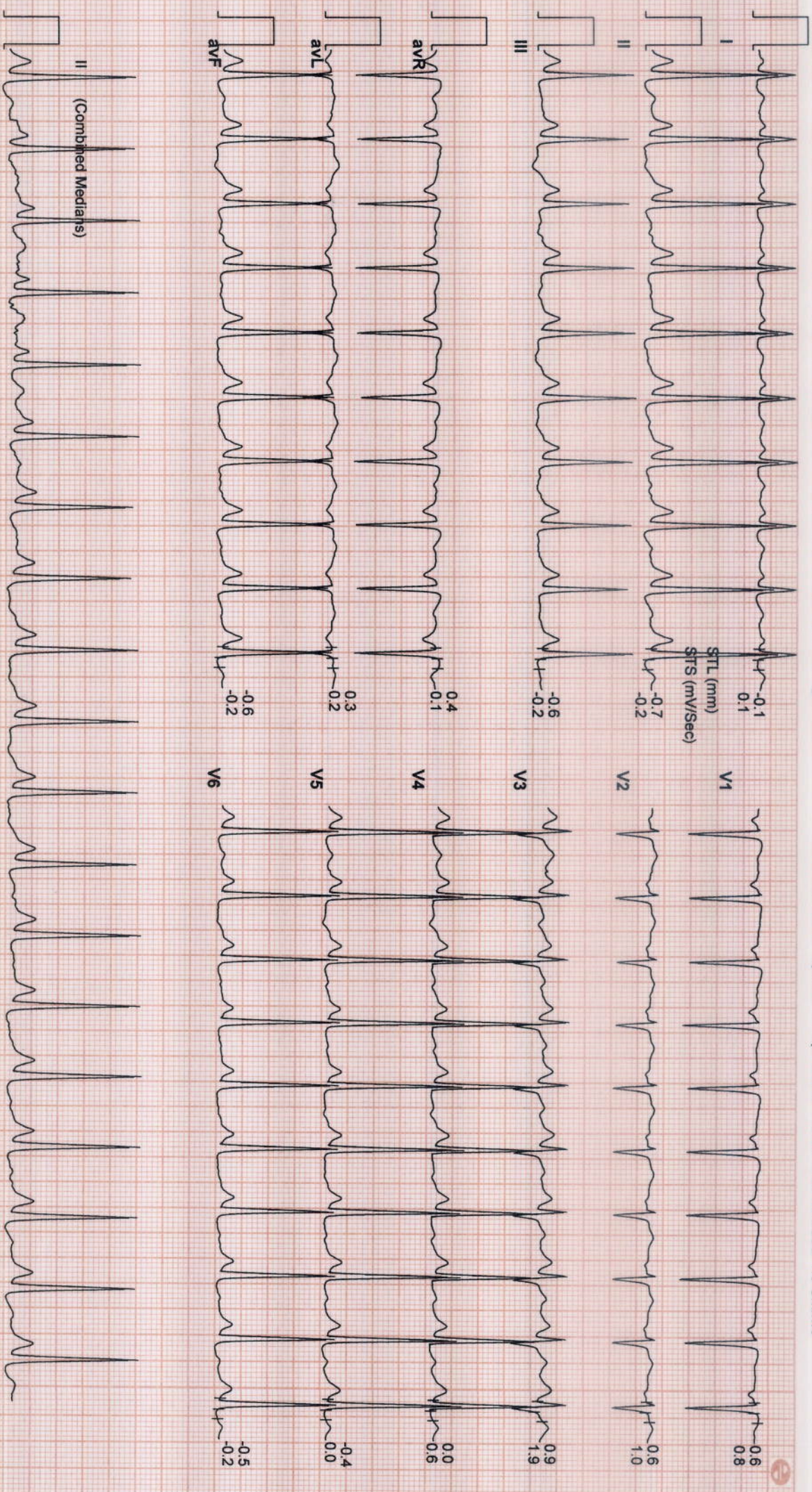
2804 / MADHUVATHI KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

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



Date: 09 / 11 / 2024 09:33:26 AM METs : 4.7 HR : 115 Target HR : 60% of 191 BP : 120/70 Post J @80mSec

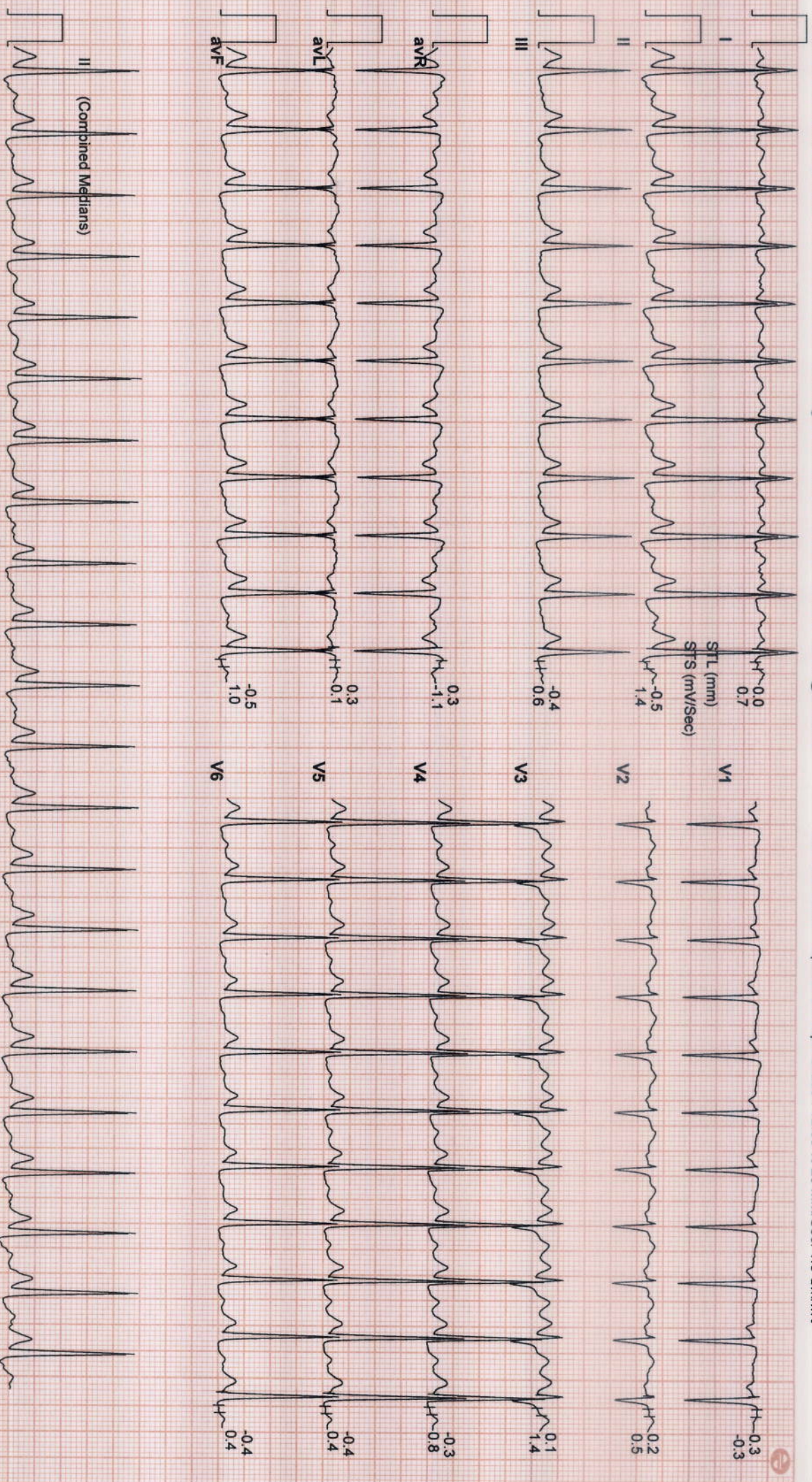
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 / 11 / 2024 09:33:26 AM METs : 7.1 HR : 133 Target HR : 70% of 191 BP : 130/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2804 / MADHUVATHI KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

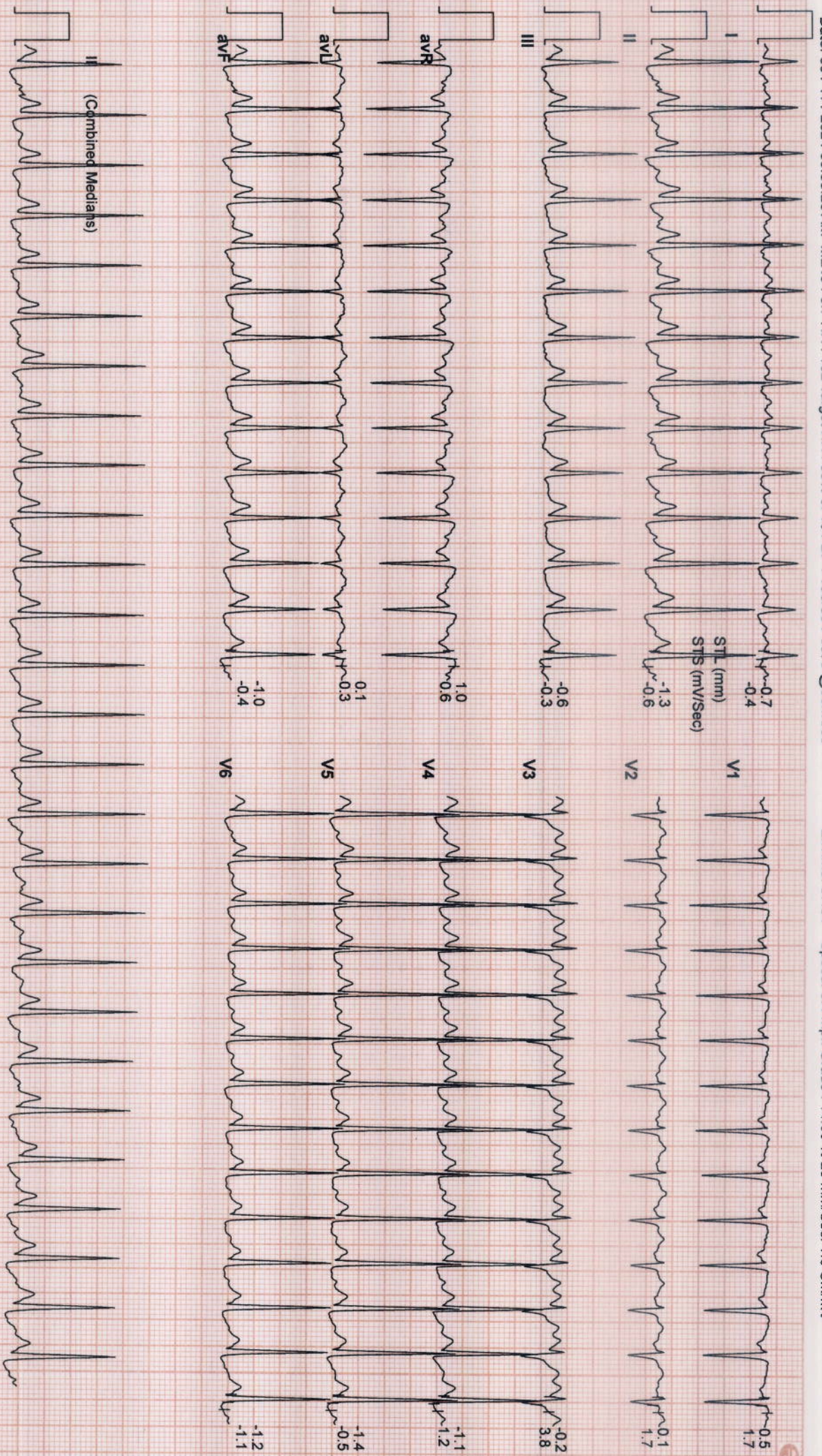
6X2 Combine Medians + 1 Rhythm

PeakEx



Date: 09 / 11 / 2024 09:33:26 AM METs : 8.7 HR : 162 Target HR : 85% of 191 BP : 150/80 Post J @60mSec

ExTime: 07:34 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

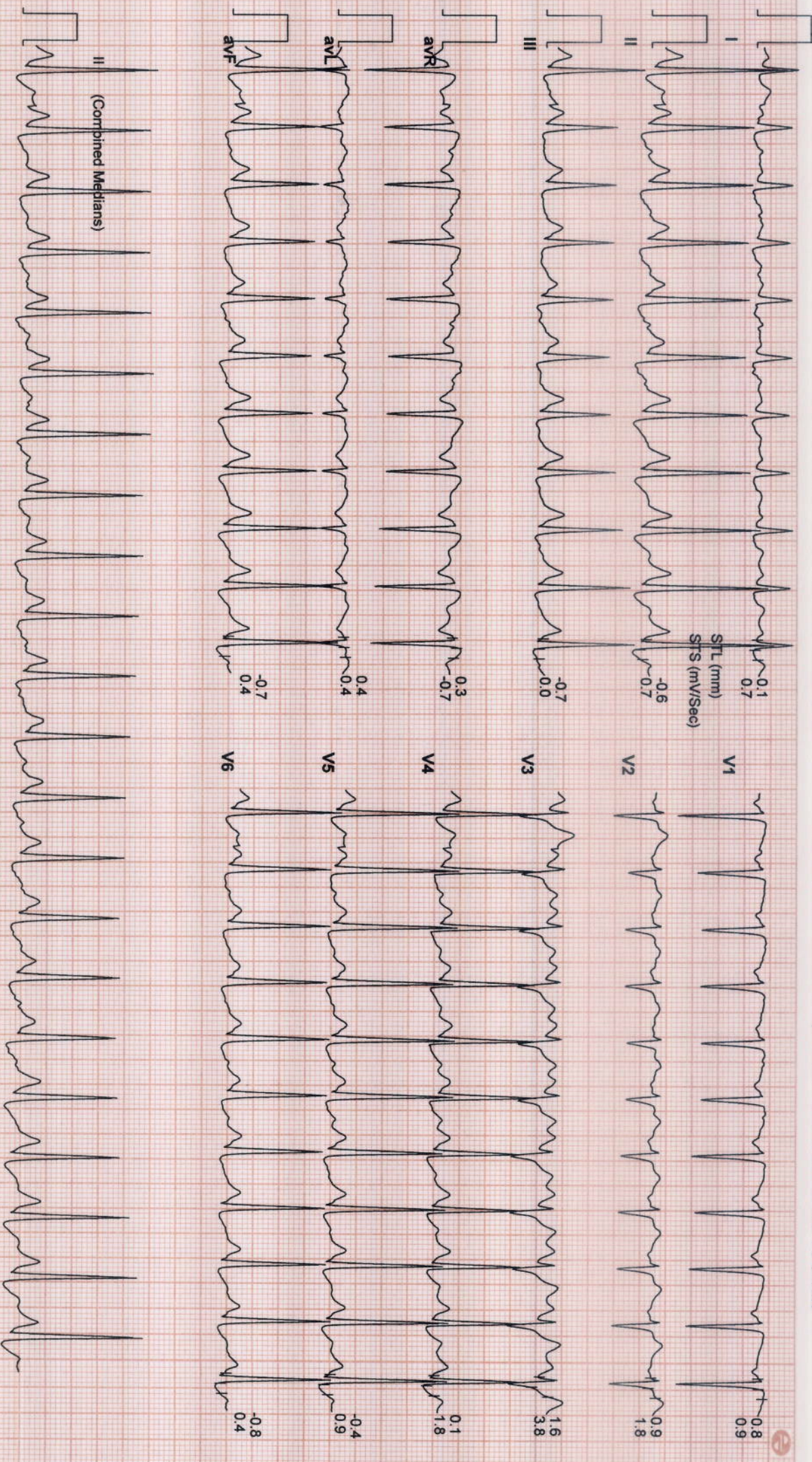
2804 / MADHUVATHI KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

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



Date: 09 / 11 / 2024 09:33:26 AM METs : 1.1 HR : 130 Target HR : 68% of 191 BP : 150/80 Post J @80mSec

EXTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2804 / MADHUVATH KUMARI BHAI / 29 Yrs / Female / 157 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:31)



Date: 09 / 11 / 2024 09:33:26 AM METs : 1.0 HR : 118 Target HR : 62% of 191 BP : 120/80 Post J @80mSec

ExTime: 07:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

