

PHYSICAL EXAMINATION REPORT

Patient Name	Banoth Kumeri	Sex/Age	F / 29 yrs.
Date	26/10/23	Location	Thane

History and Complaints

Nil.

EXAMINATION FINDINGS:

Height (cms):	+ 159	Temp (0c):	Ⓜ
Weight (kg):	- 61.0	Skin:	Hyperspigmentation on face.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

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

Impression: ↓ Hb . ↓ MCV .

ECG - Sinus Bradycardia

Iron Supplement
Reg. Exercise

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
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	NA
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No No
2)	Smoking	
3)	Diet	Mixed
4)	Medication	No

 **Dr. Manasee Kulkarni**
M.B.B.S
28/09/2005/09/3439

Date:- 2/10/24
 Name:- Mouni Baroth
 CID: 2430021339
 Sex / Age: F 29.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: 13/20 R/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 : 2430021389
Name : MRS.KUMARI BANOTH
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 09:53
Reported : 26-Oct-2024 / 11:50

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	9.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.72	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.5	36-46 %	Measured
MCV	64.7	80-100 fl	Calculated
MCH	19.8	27-32 pg	Calculated
MCHC	30.7	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6770	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	1868.5	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	358.8	200-1000 /cmm	Calculated
Neutrophils	61.6	40-80 %	
Absolute Neutrophils	4170.3	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	372.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	304000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	++		



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Reported : 26-Oct-2024 / 11:18

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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 iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended.Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 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 ***

Bmhasakar

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



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

Collected : 26-Oct-2024 / 09:53
Reported : 26-Oct-2024 / 15:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	94.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	104.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.22	<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	24.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	13.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	53.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	10.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.48	0.55-1.02 mg/dl	Enzymatic



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eGFR, Serum	131	(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	3.7	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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Age / Gender : 29 Years / Female
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Collected : 26-Oct-2024 / 09:53
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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	5.5	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
M.D (Path)
Pathologist



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Reported : 26-Oct-2024 / 13:12

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

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

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

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	127.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	140	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	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	92.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	64.9	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	28.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



Signature

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



CID : 2430021389
 Name : MRS.KUMARI BANOTH
 Age / Gender : 29 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 09:53
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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	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.684	0.55-4.78 microU/ml	CLIA



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

Collected : 26-Oct-2024 / 09:53
Reported : 26-Oct-2024 / 16:48

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)

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



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



CID : 2430021389
Name : Mrs KUMARI BANOTH
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024 / 11:38

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.

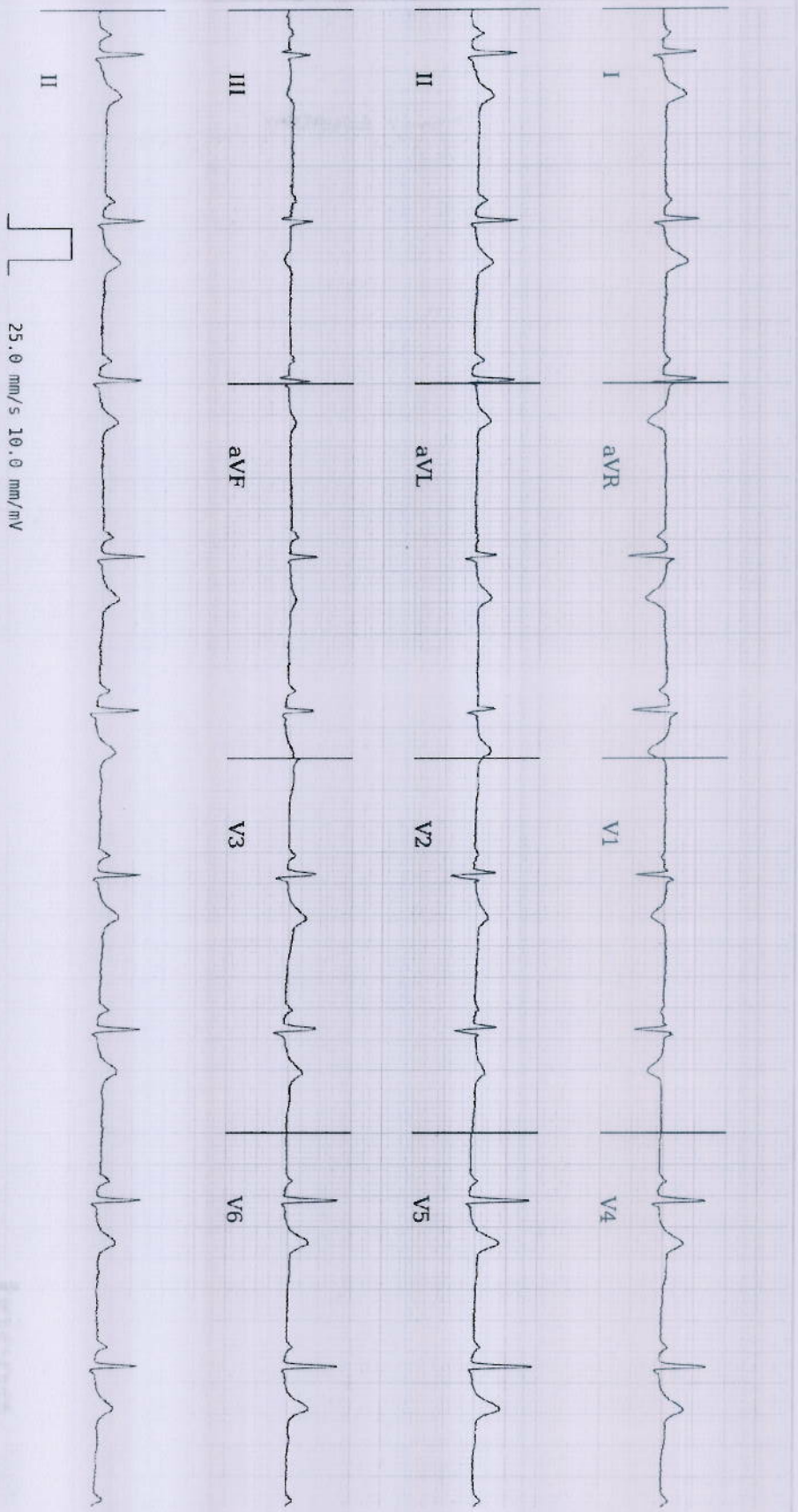
-----End of Report-----

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024102609335593>

Patient Name: **KUMARI BANOTH**
Patient ID: **2430021389**

Date and Time: **26th Oct 24 10:15 AM**



25.0 mm/s 10.0 mm/mV

Age **29** NA NA
years months days

Gender **Female**

Heart Rate **57bpm**

Patient Vitals

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

Measurements

QRSD: 84ms
QT: 396ms
QTcB: 385ms
PR: 134ms
P-R-T: 52° 51° 22°

REPORTED BY

DR SHALAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Sinus Bradycardia. Please correlate clinically.

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Email:

2717 (2430021389) / KUMARI BANOTH / 29 Yrs / F / 149 Cms / 61 Kg
 Date: 26 / 10 / 2024 10:45:17 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:21	0:21	00.0	00.0	01.0	066	35 %	110/70	072	00	
Standing	00:35	0:14	00.0	00.0	01.0	064	34 %	110/70	070	00	
HV	00:50	0:15	00.0	00.0	01.0	079	41 %	110/70	086	00	
ExStart	01:06	0:16	00.0	00.0	01.0	071	37 %	110/70	078	00	
BRUCE Stage 1	04:06	3:00	01.7	10.0	04.7	111	58 %	120/70	133	00	
BRUCE Stage 2	07:06	3:00	02.5	12.0	07.1	132	69 %	130/80	171	00	
PeakEx	09:08	2:02	03.4	14.0	09.2	160	84 %	140/80	224	00	
Recovery	10:08	1:00	00.0	00.0	01.1	123	64 %	120/80	147	00	
Recovery	10:20				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 08:02
 Initial HR (ExStrt) : 71 bpm 37% of Target 191
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 9.2 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.7 mm in Supine
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 84% of Target 191
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: 27377 KUMARI BANOTH / 29 Yrs / F / 149 Cms / 61 Kg Date: 26 / 10 / 2024 10:45:17 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 64.0 bpm, and the maximum predicted Target Heart Rate 191.0. The BP increased at the time of generating report as 140.0/80.0 mmHg The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen
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)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

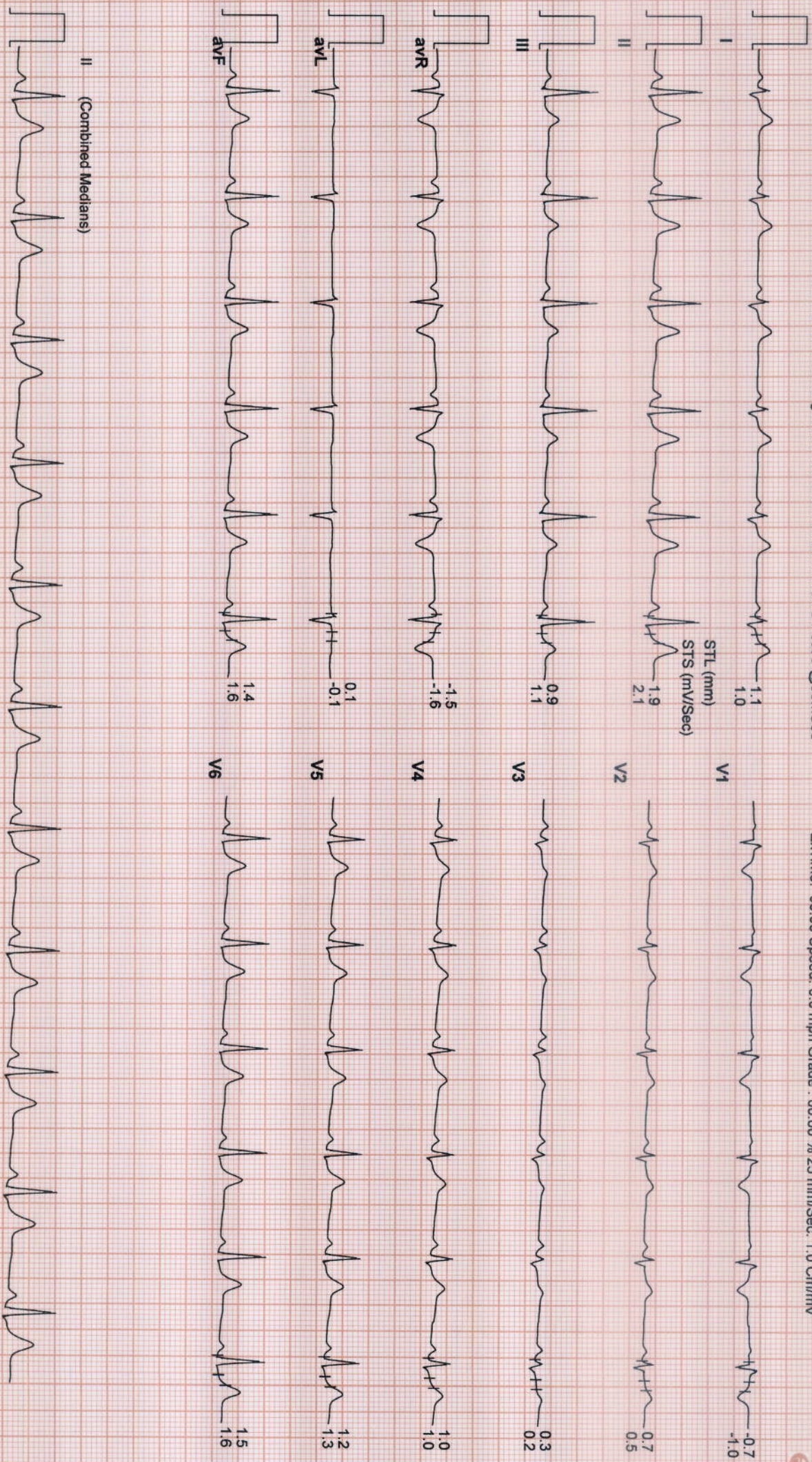
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 1.0 HR : 66 Target HR : 35% 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)

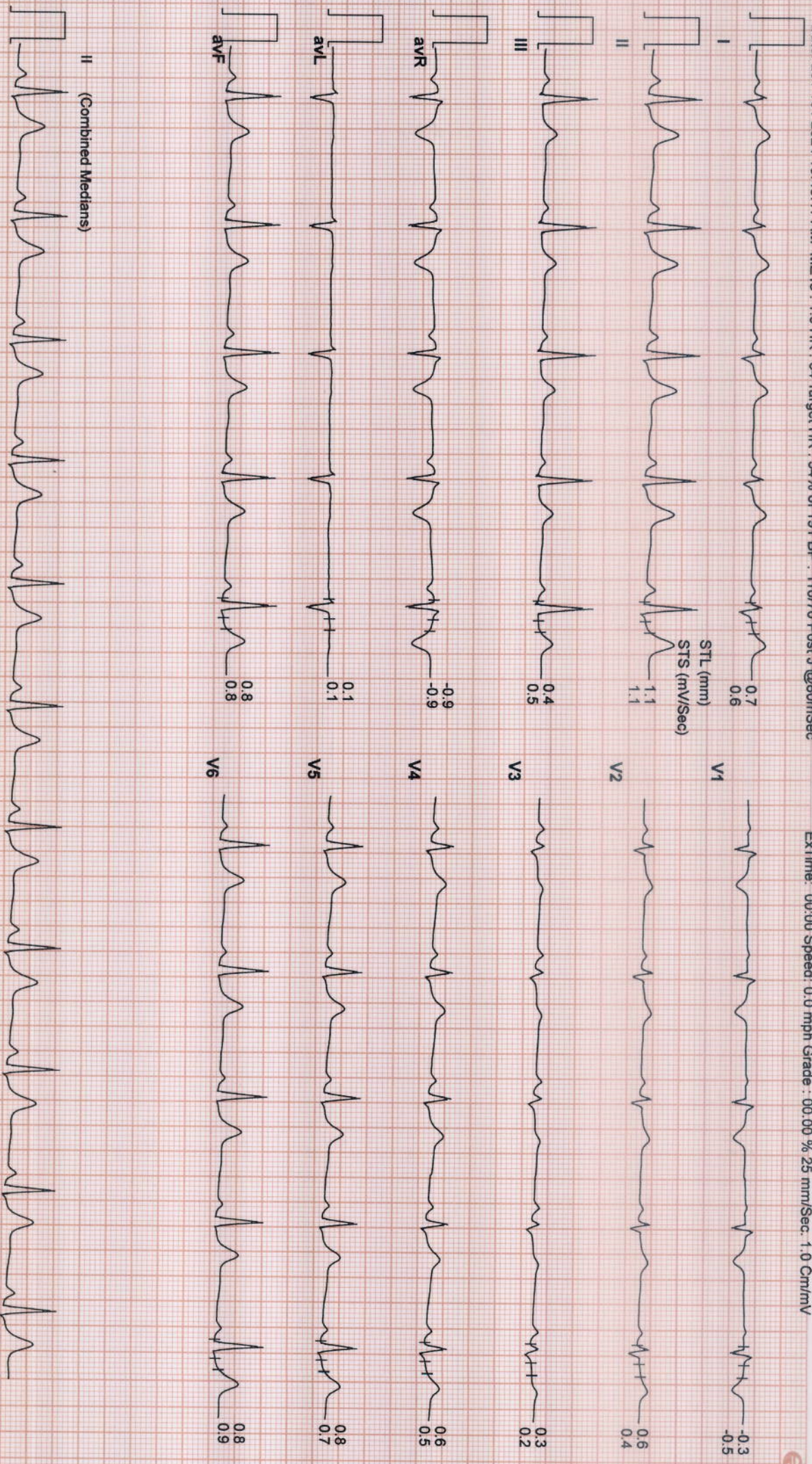
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 1.0 HR : 64 Target HR : 34% 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)

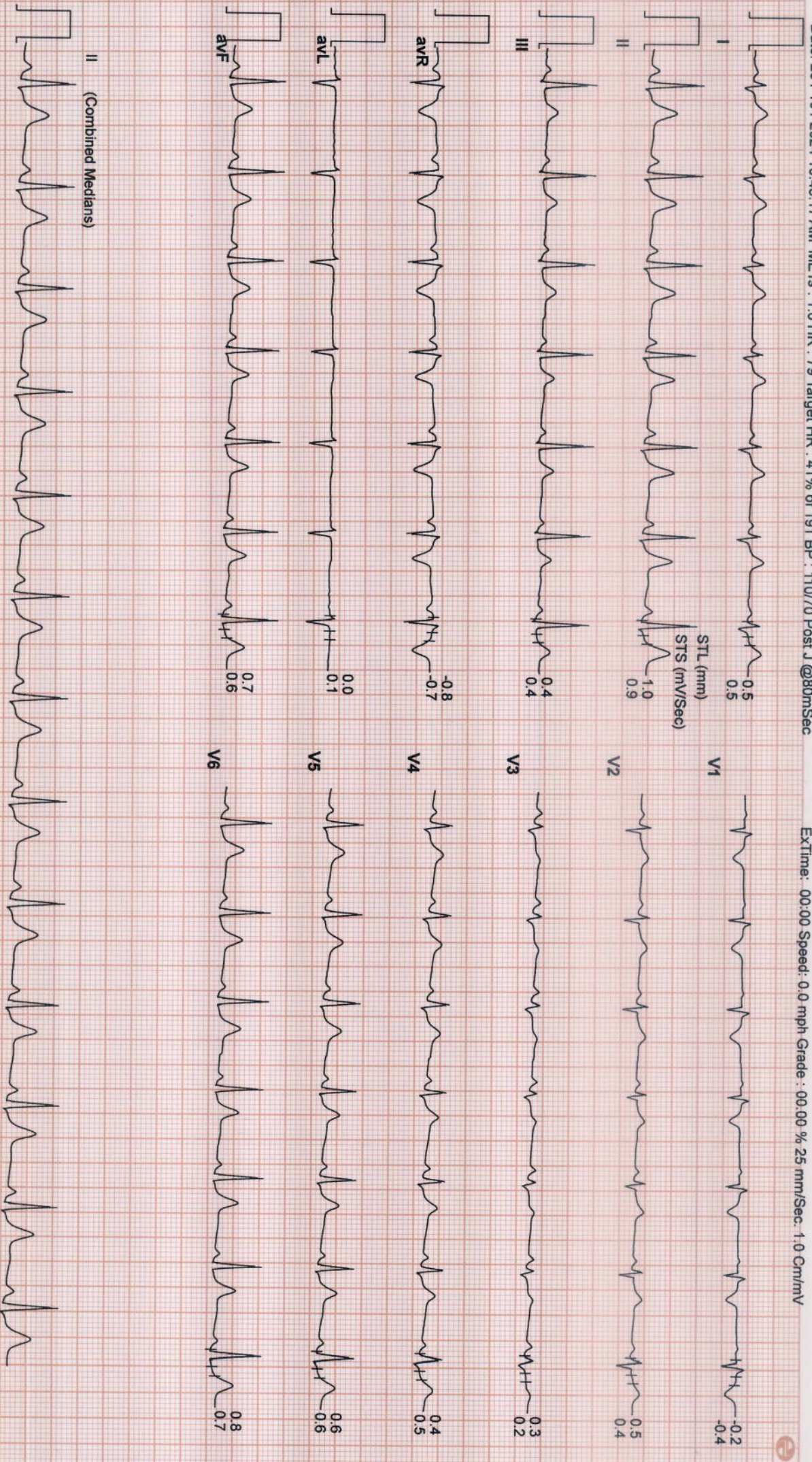
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 1.0 HR : 79 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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

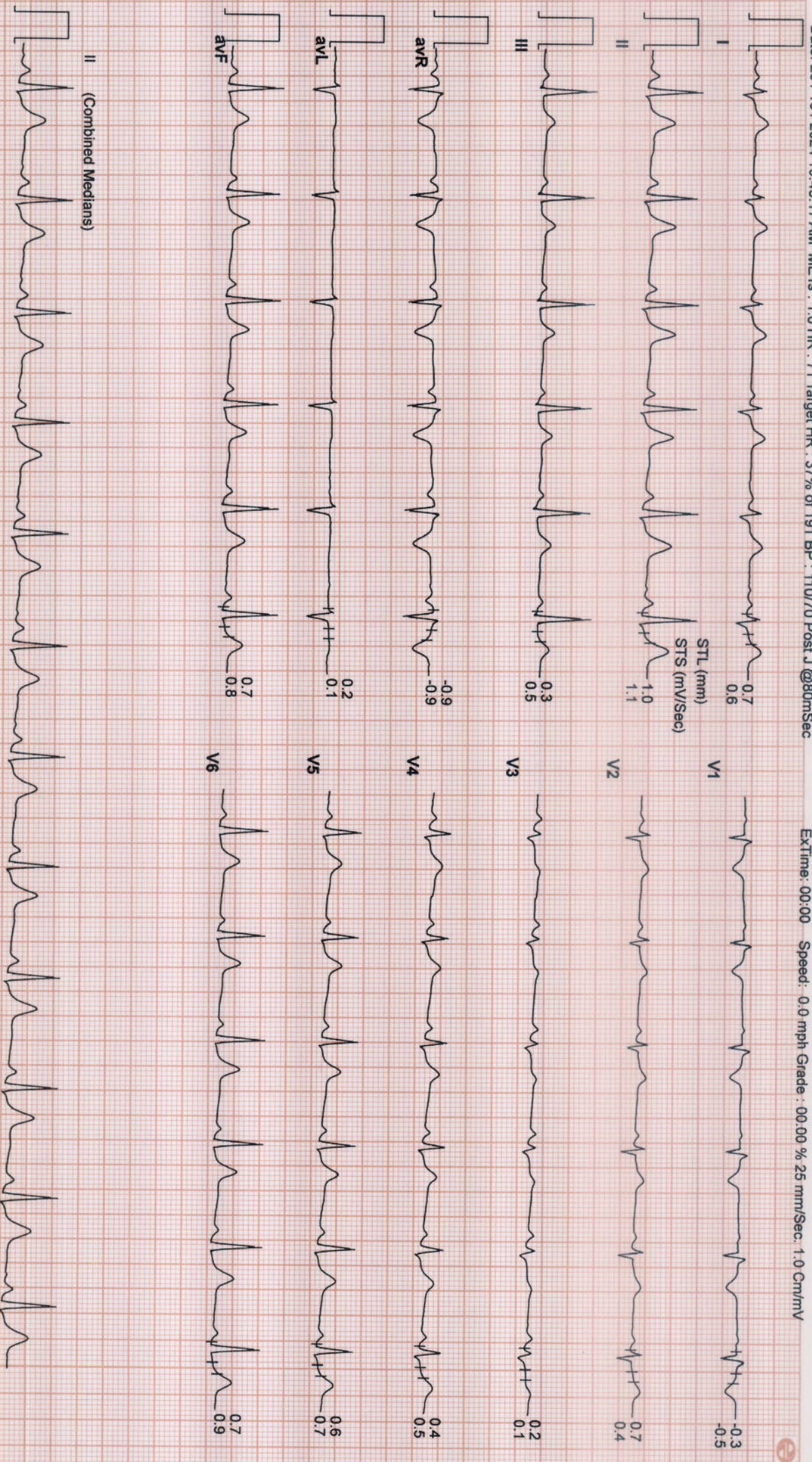
Date: 26 / 10 / 2024 10:45:17 AM METs : 1.0 HR : 71 Target HR : 37% of 191 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExSt1



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

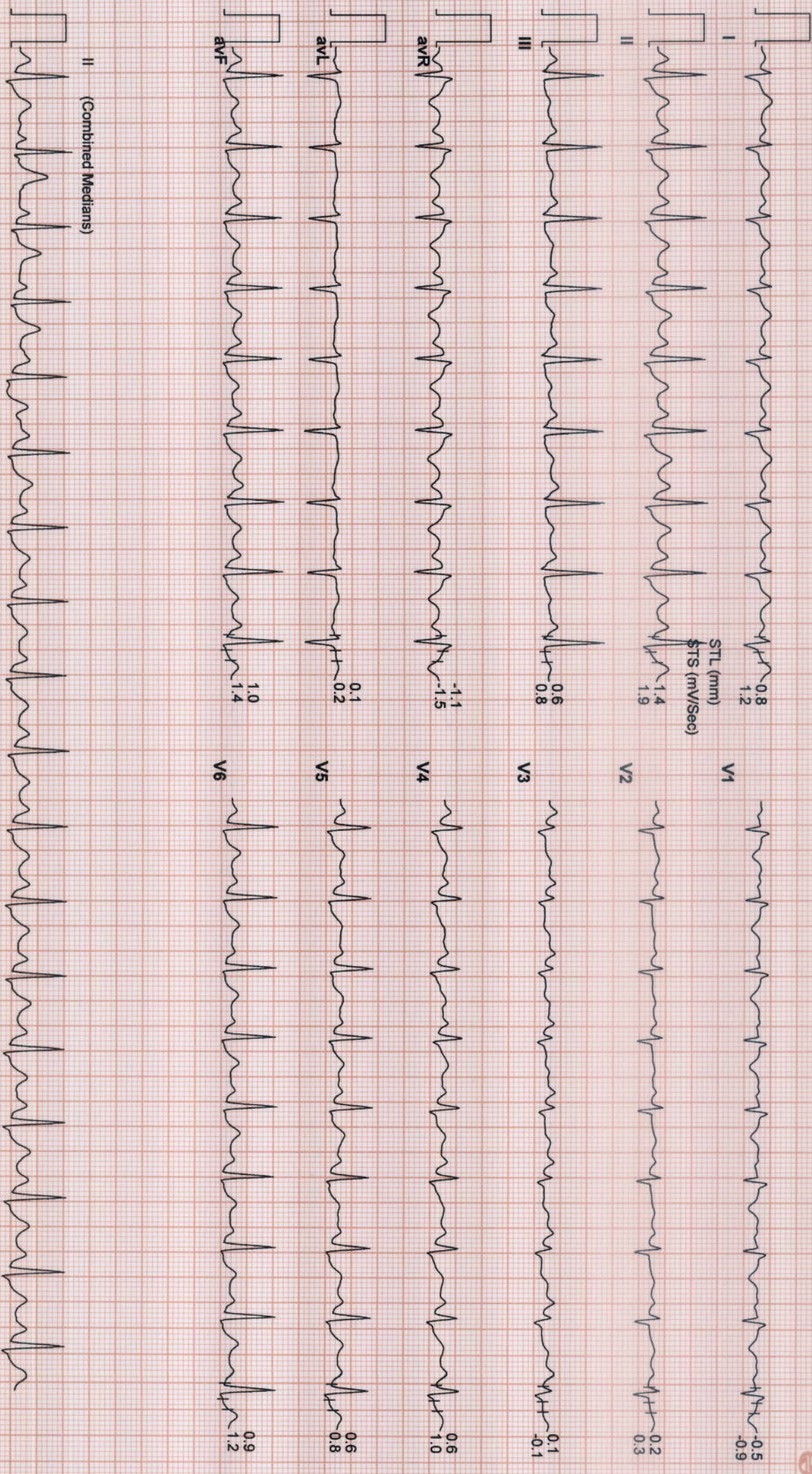
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 4.7 HR : 111 Target HR : 58% 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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

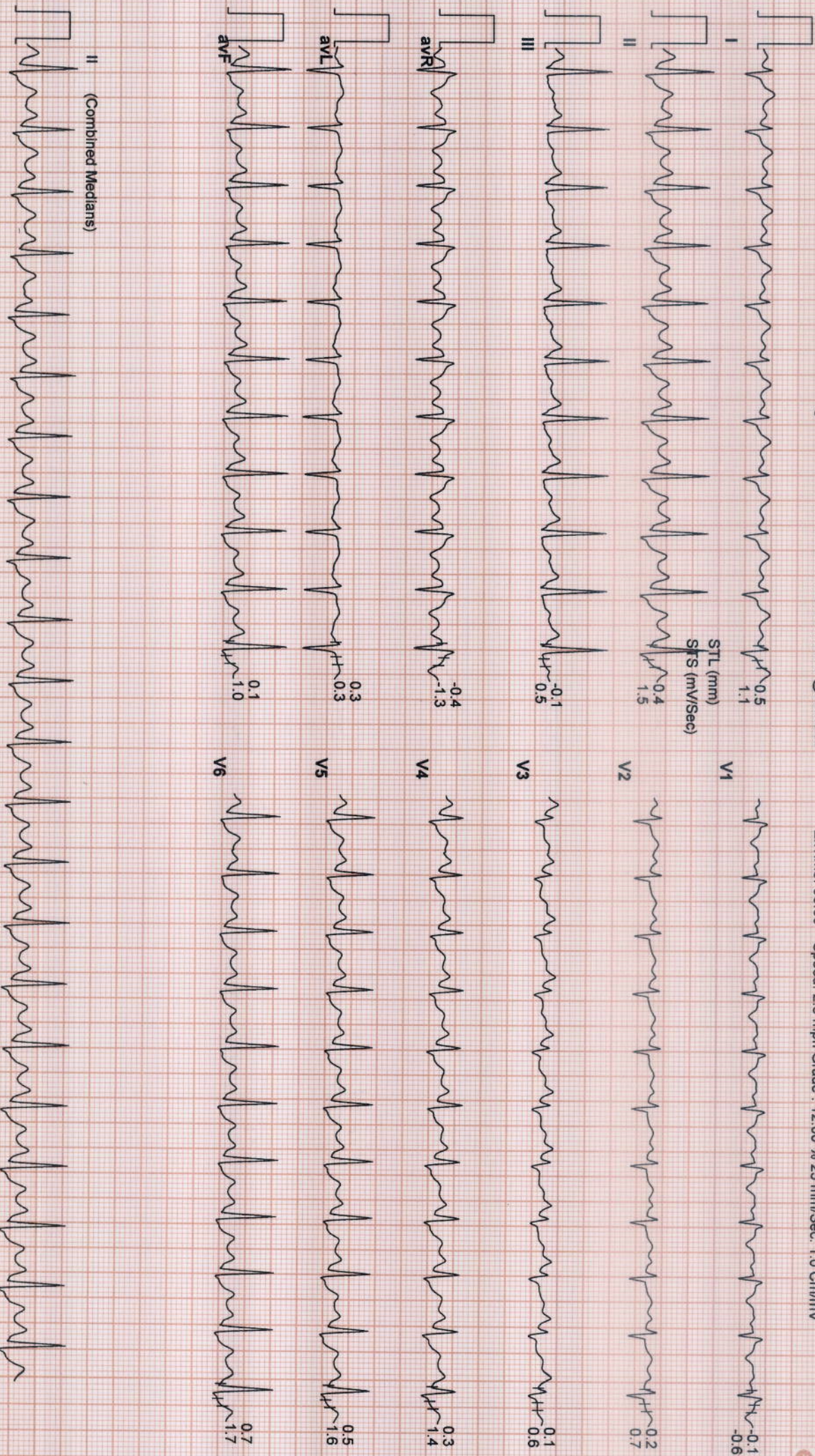
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 7.1 HR : 132 Target HR : 69% 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)

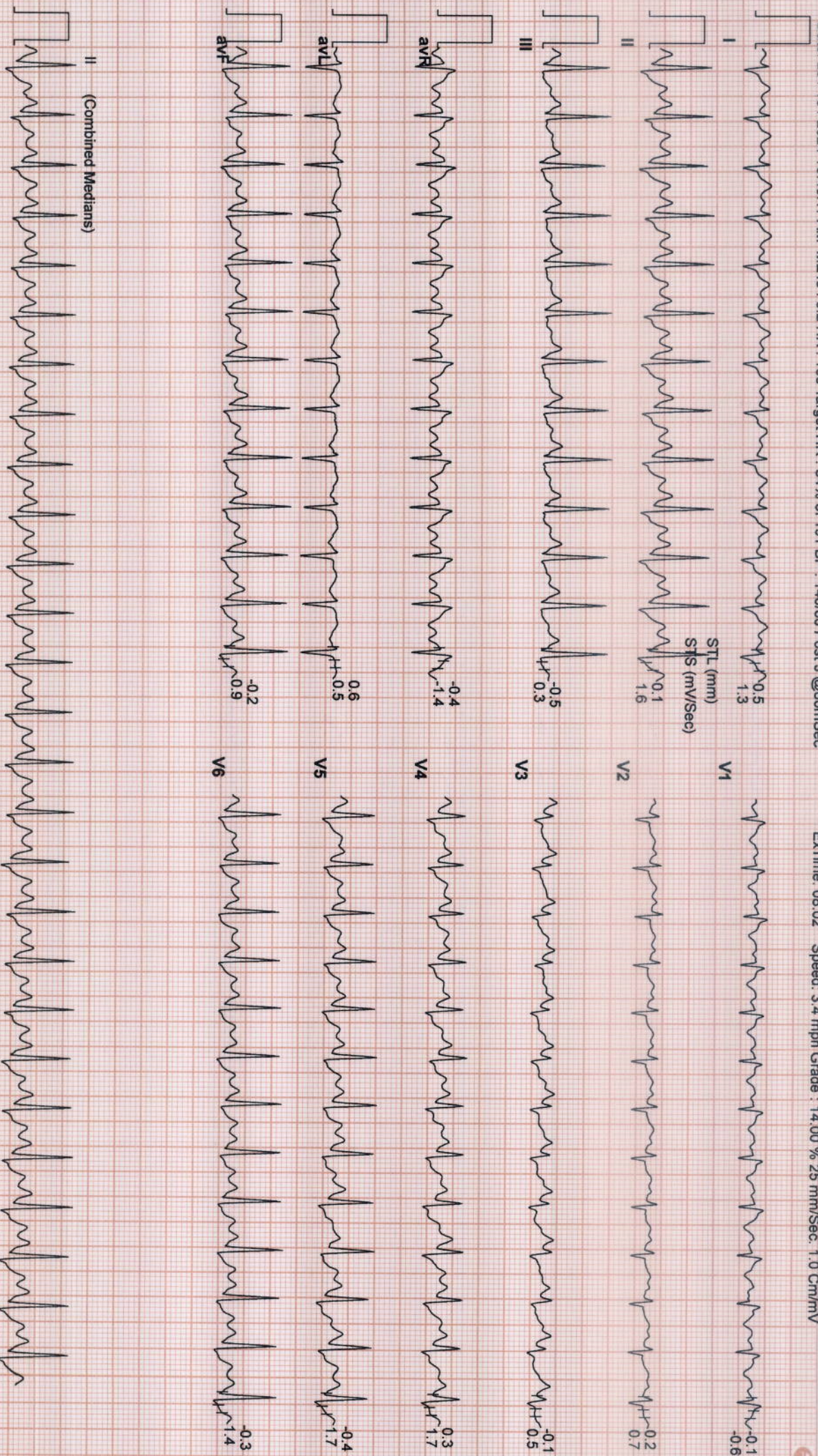
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 26 / 10 / 2024 10:45:17 AM METs : 9.2 HR : 160 Target HR : 84% of 191 BP : 140/80 Post J @60mSec

ExTime: 08:02 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

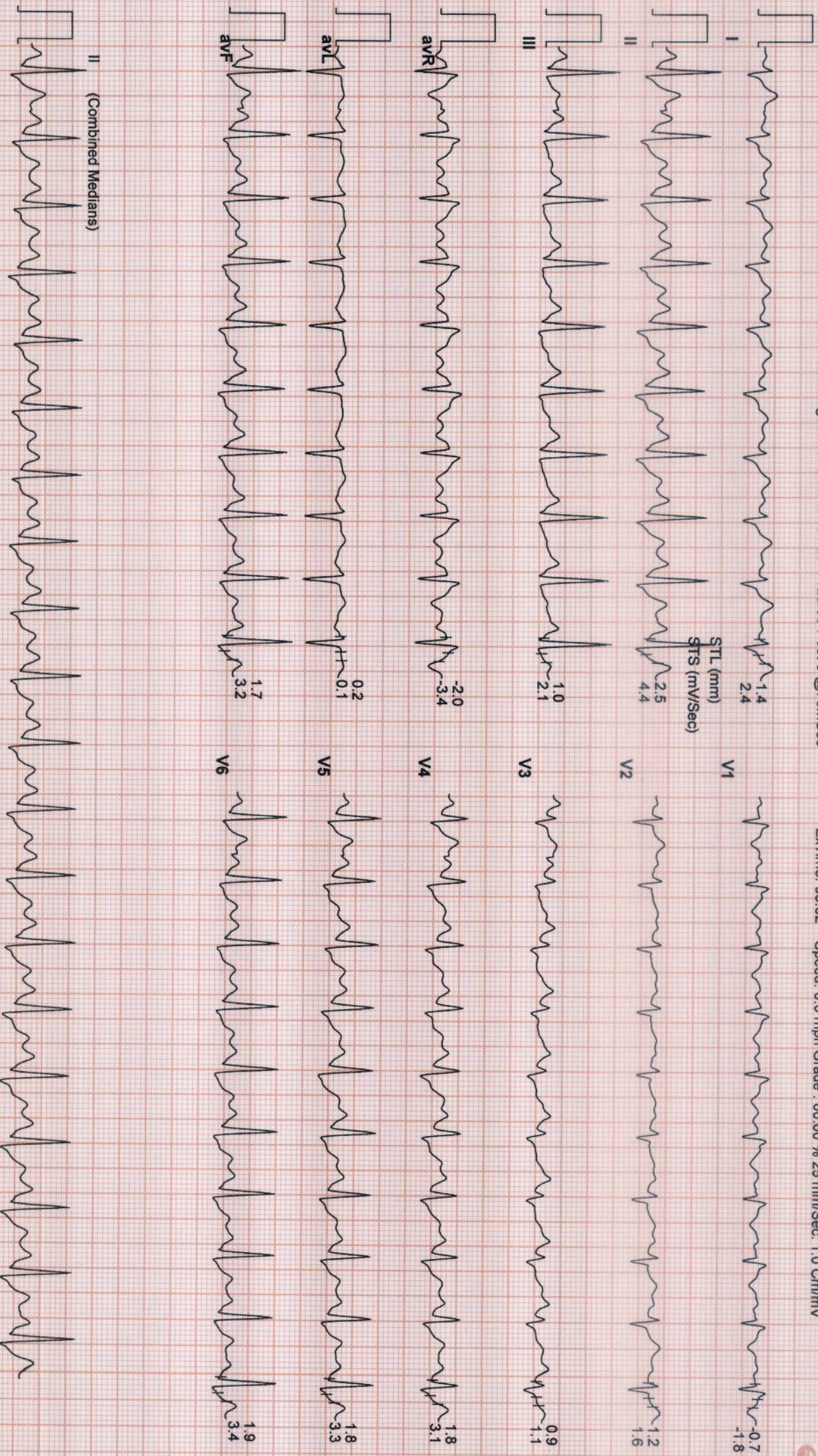
2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

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



Date: 26 / 10 / 2024 10:45:17 AM METs : 1.1 HR : 123 Target HR : 64% of 191 BP : 120/80 Post J @70mSec

EXTime: 08:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2737 / KUMARI BANOTH / 29 Yrs / Female / 149 Cm / 61 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:12)



Date: 26 / 10 / 2024 10:45:17 AM METs : 1.0 HR : 120 Target HR : 63% of 191 BP : 120/80 Post J @80mSec

ExTime: 08:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

