



CID : 2432015665
Name : MRS.MAHAJAN SHASHI BAJIRAO
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2000.0	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	460.0	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	3110.0	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	190.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	89.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: 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 ***



Bmhasakar

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	29.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	114	(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

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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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J Thakker

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
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	-
Transparency	Slight hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	5-6	0-2/hpf	
Epithelial Cells / hpf	6-8	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	+++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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 ***



Anupa

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	217.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.0	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	44.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	172.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	152.0	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	20.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	1.15	0.35-5.5 microU/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 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)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.6	35-105 U/L	Colorimetric

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
FUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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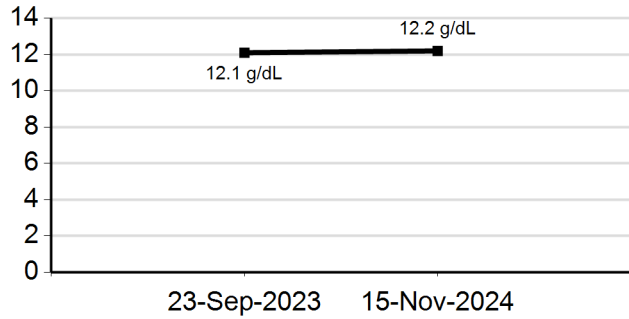
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



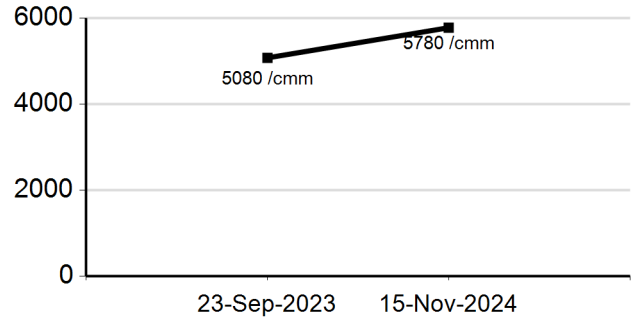
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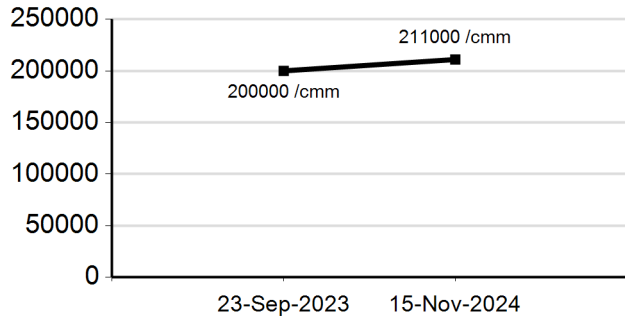
Haemoglobin



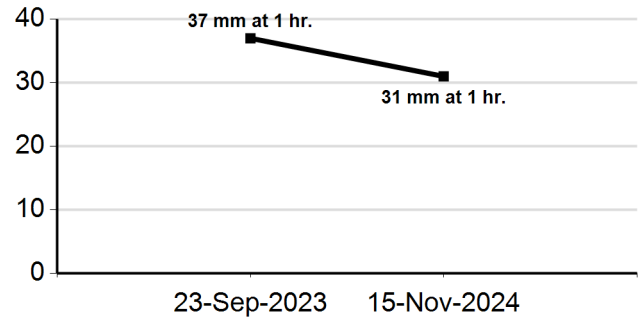
WBC Total Count



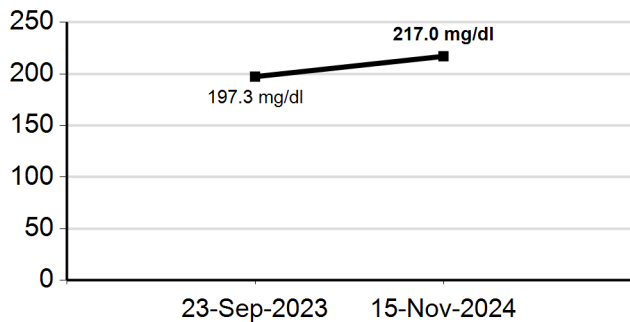
Platelet Count



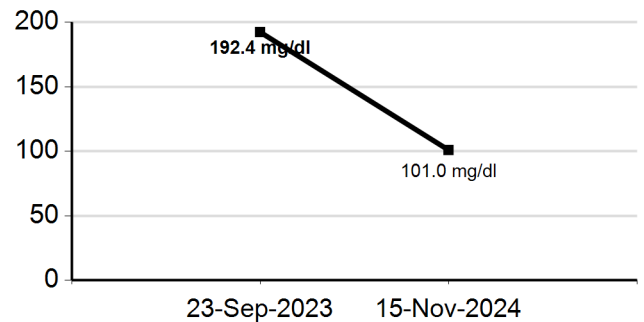
ESR



CHOLESTEROL



TRIGLYCERIDES

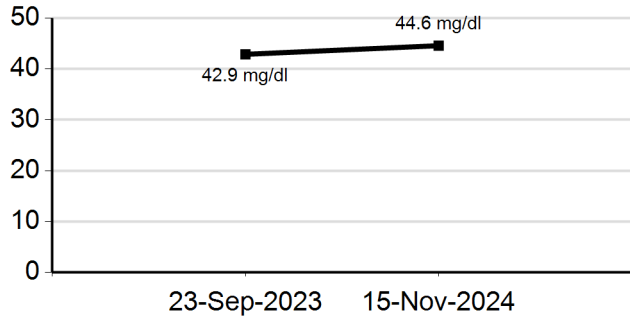




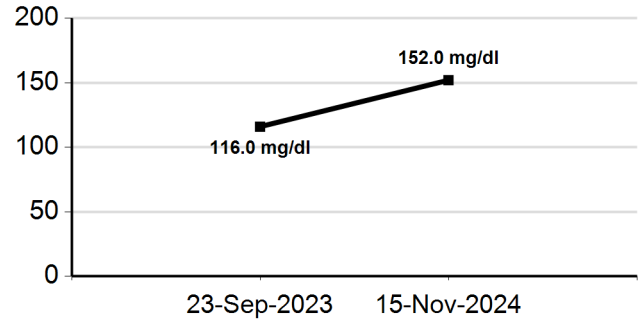
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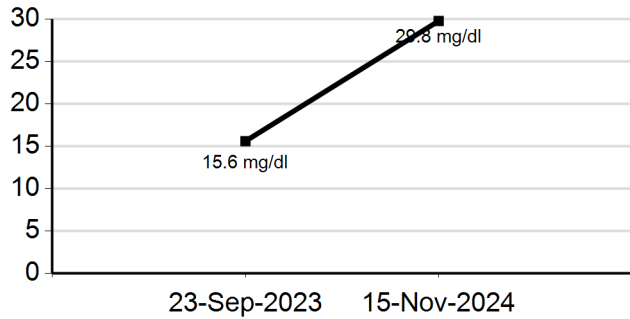
HDL CHOLESTEROL



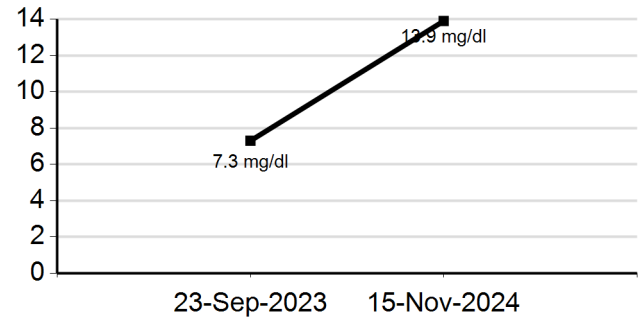
LDL CHOLESTEROL



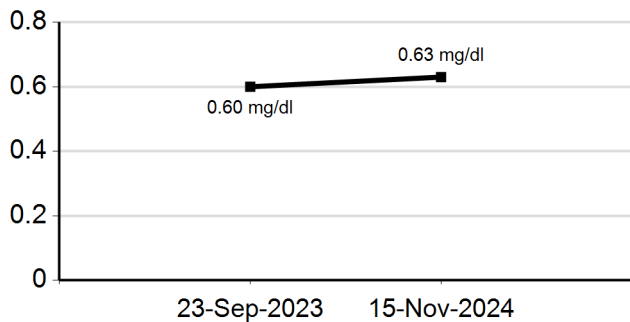
BLOOD UREA



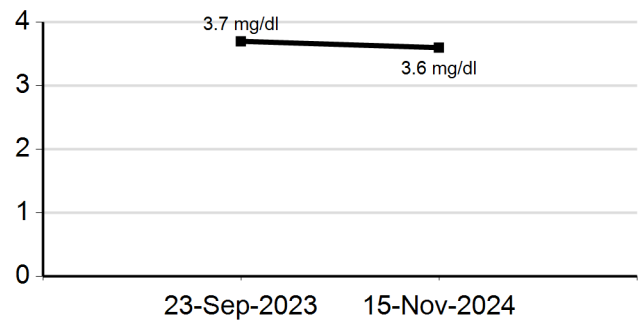
BUN



CREATININE



URIC ACID

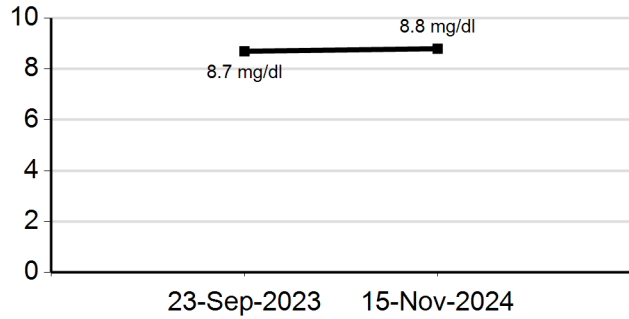




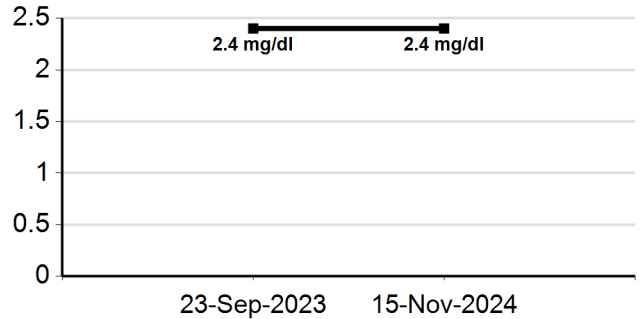
CID : 2432015665
 Name : MRS.MAHAJAN SHASHI BAJIRAO
 Age / Gender : 42 Years / Female
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner
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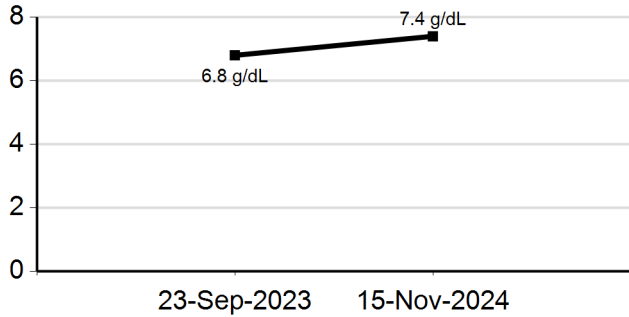
CALCIUM



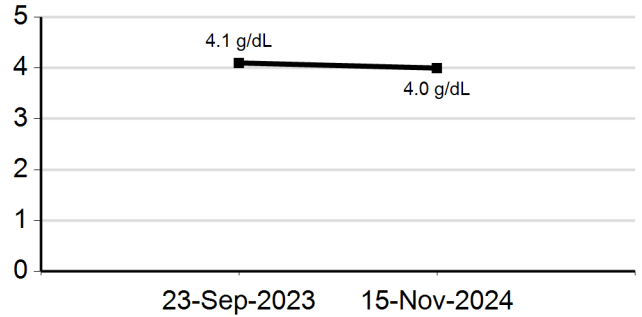
PHOSPHORUS



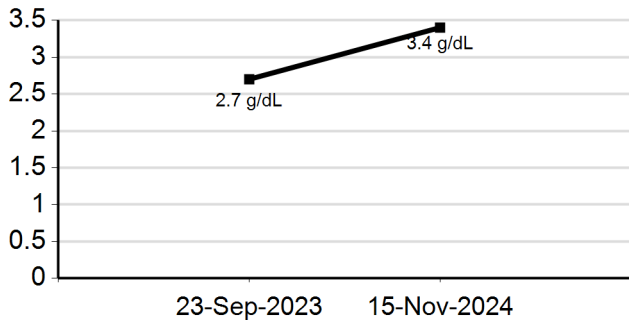
TOTAL PROTEINS



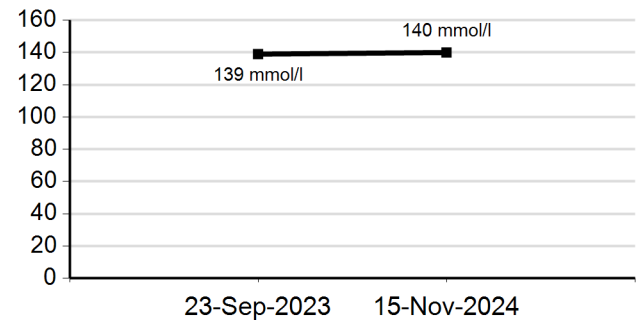
ALBUMIN



GLOBULIN



SODIUM

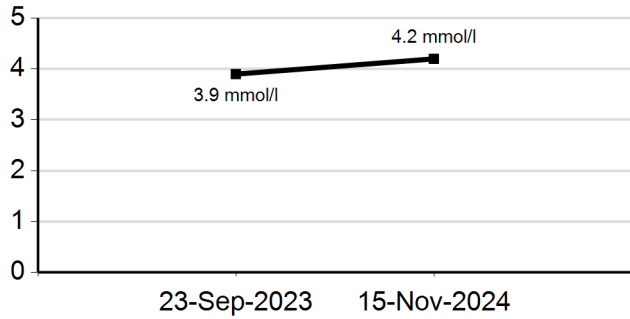




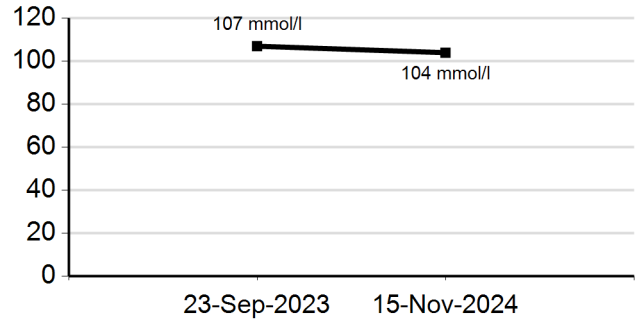
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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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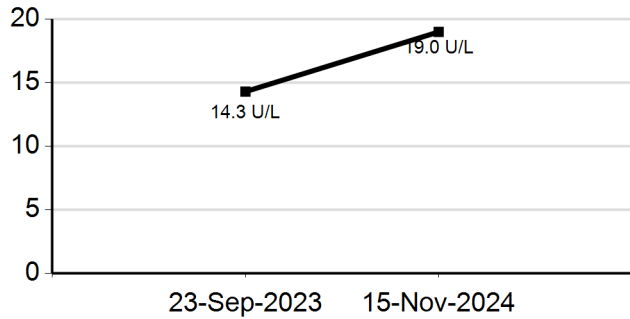
POTASSIUM



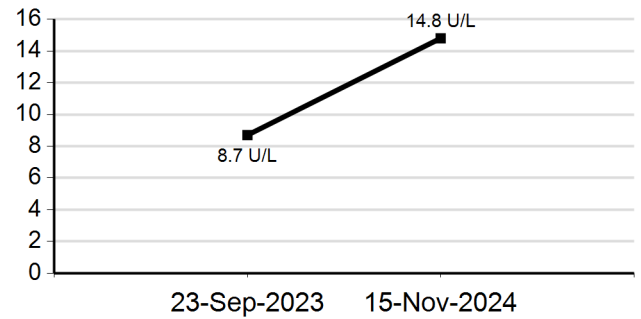
CHLORIDE



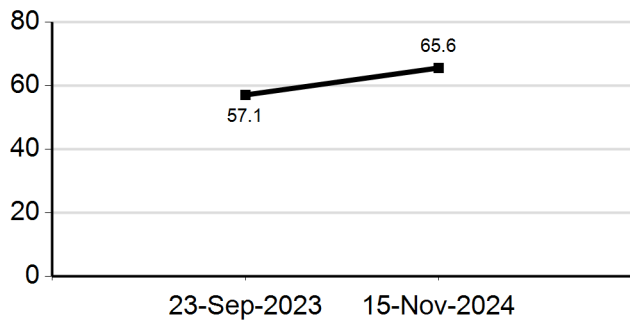
SGOT (AST)



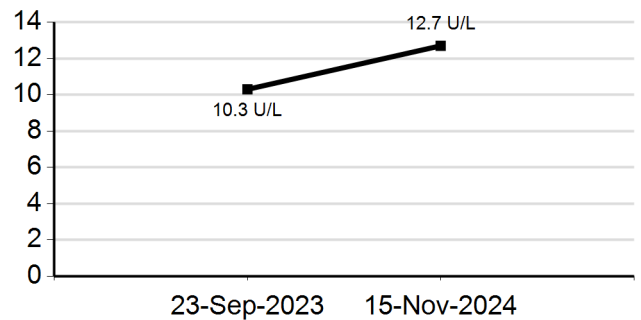
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

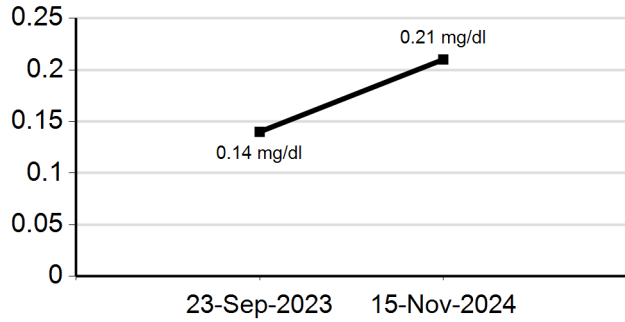




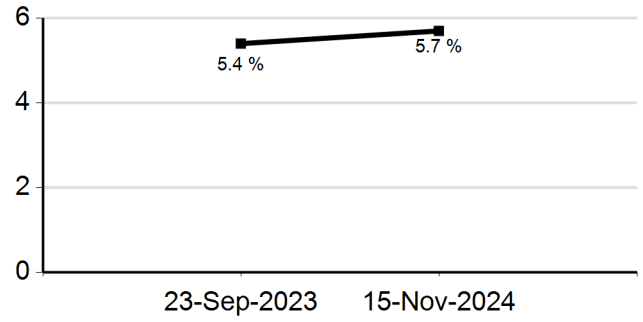
CID : 2432015665
 Name : MRS.MAHAJAN SHASHI BAJIRAO
 Age / Gender : 42 Years / Female
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

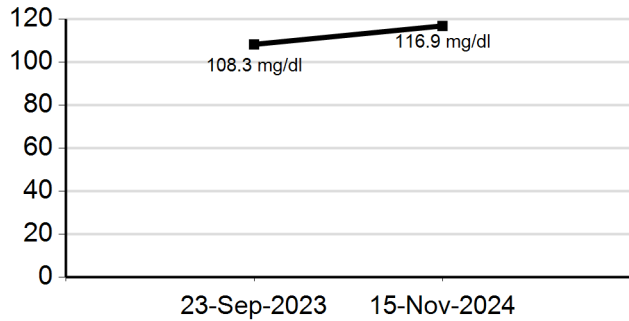
BILIRUBIN (DIRECT)



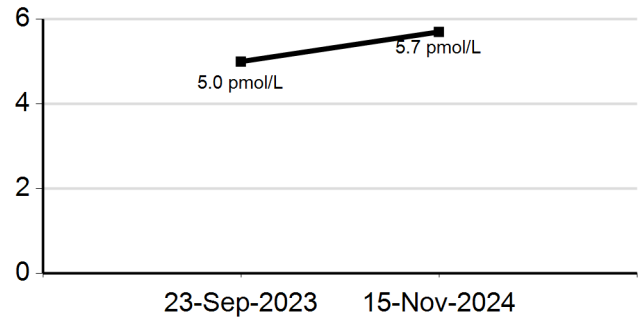
Glycosylated Hemoglobin (HbA1c)



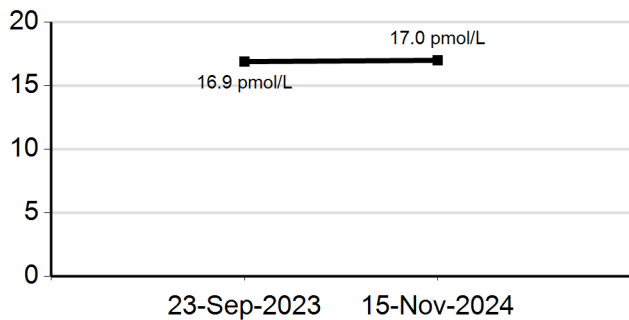
Estimated Average Glucose (eAG)



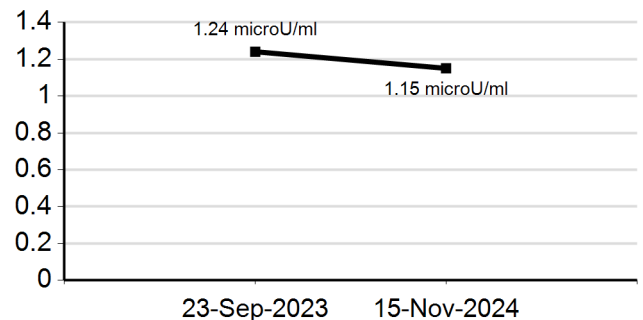
Free T3



Free T4



sensitiveTSH

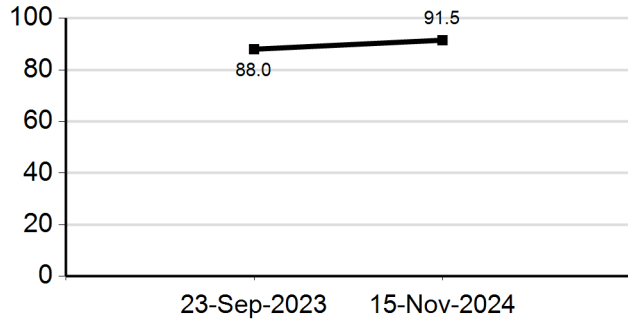




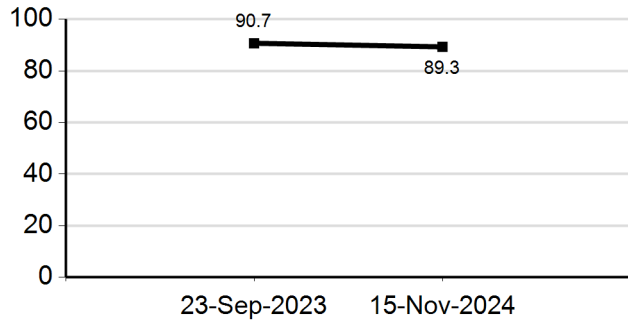
CID : 2432015665
Name : MRS.MAHAJAN SHASHI BAJIRAO
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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GLUCOSE (SUGAR) FASTING



GLUCOSE (SUGAR) PP



Suburban Diagnostics (I) Pvt. Ltd,
301& 302, 3rd Floor, Vini Elegance
Above Tanishq Jewellers L. T. Road,
Borivali (West), Mumbai - 400 092



भारत सरकार

Government of India



Issue Date: 02/12/2011



शशी बाजीराव महाजन
Shashi Bajirao Mahajan
जन्म तिथि/DOB: 20/04/1982
महिला/ FEMALE
Mobile 9922415868
3122 8752 4150

VID : 9180 4972 3706 1943

मेरा आधार, मेरी पहचान

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भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



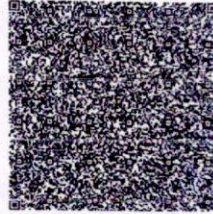
Download Date: 19/03/2022

पता:
डॉ. विजय गुलाबभाई बाविस्कर, फ्लैट न 7 काप्सुले हाउस
एस वी नगर, नवापुर रोड, बोइसर वेस्ट, खैरा, पालघर,
महाराष्ट्र - 401501

Address:
C/O: Vijay Gulabbhai Baviskar, Flat No 7
Capsule House S V Nagar, Navapur Road,
Boisar West, Khaira, Palghar,
Maharashtra - 401501

3122 8752 4150

VID : 9180 4972 3706 1943



1947



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Shashi Mahajan



CID : 2432015665
Name : Mrs MAHAJAN SHASHI BAJIRAO
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date
Reported

: 15-Nov-2024
: 15-Nov-2024 / 10:17

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is minimally distended.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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.

KIDNEYS: Right kidney measures 8.8 x 4.2 cm. Left kidney measures 9.6 x 4.8 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.

UTERUS: Uterus is anteverted, normal and measures 7.6 x 3.5 x 5.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.6 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.7 x 2.1 cm.

The left ovary measures 2.4 x 1.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
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sionNo=2024111508131252

Authenticity Check



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CID : 2432015665
Name : Mrs MAHAJAN SHASHI BAJIRAO
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:17

Opinion:

- No significant abnormality is detected.

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-----

Pranali

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL190250182

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



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Application To Scan the Code

CID : 2432015665
Name : Mrs MAHAJAN SHASHI BAJIRAO
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 13:12

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. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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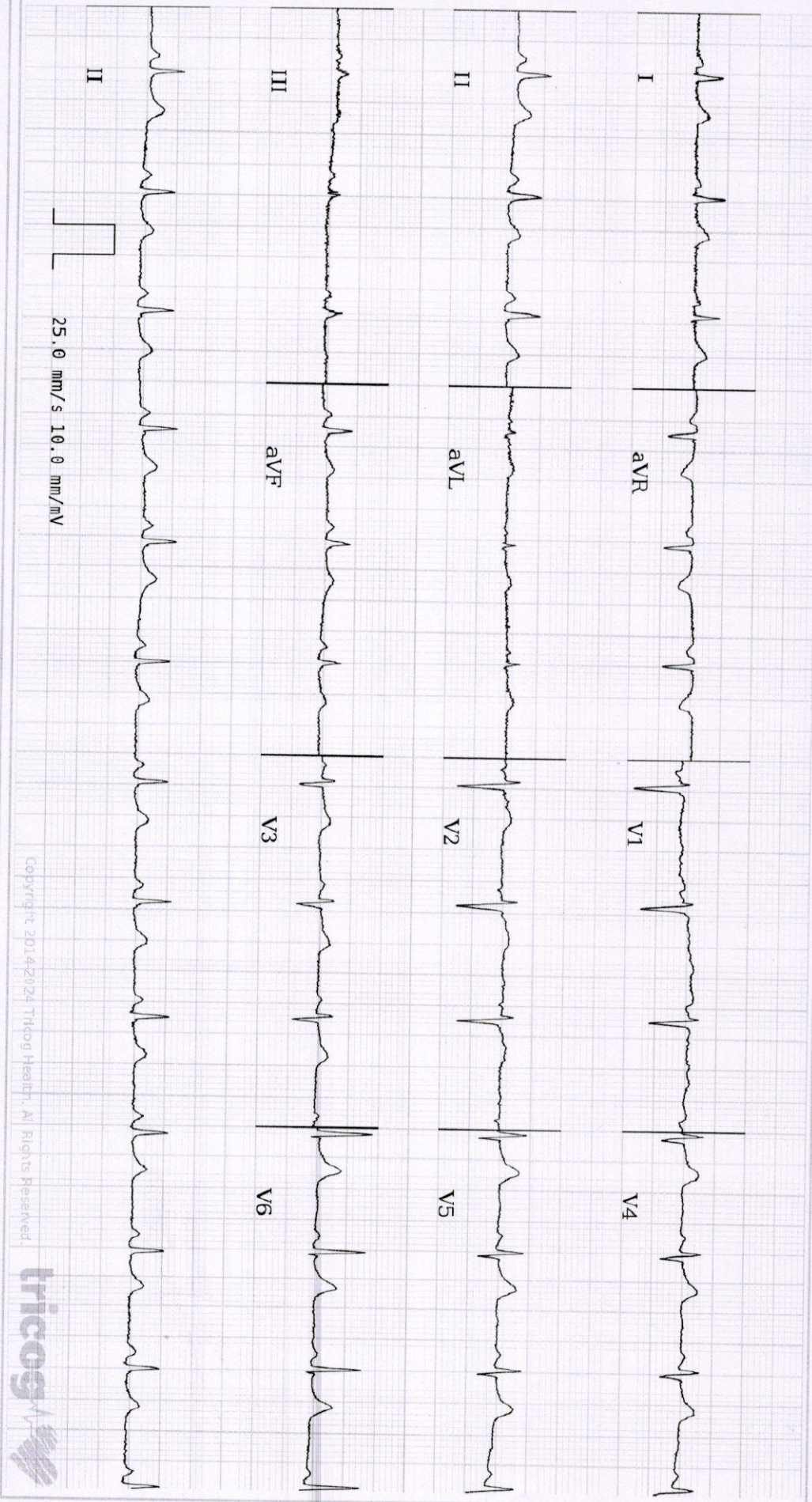
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HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

SUBURBAN DIAGNOSTICS - BOKRIWALI WEST
 Patient Name: MAHAJAN SHASHI BAJIRAO Date and Time: 15th Nov 24 8:34 AM
 Patient ID: 2432015665



25.0 mm/s 10.0 mm/mV

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Age **42** NA NA
 years months days

Gender **Female**

Heart Rate **79bpm**

Patient Vitals

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

Measurements

QRSD: 68ms
 QT: 364ms
 QTcB: 417ms
 PR: 112ms
 P-R-T: 60° 50° 32°

Low Voltage Complexes Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Nitin Soravane
 M.B.B.S.AFLH, DDIAB, DCARD
 Consultant Cardiologist
 87714

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.



CID : 2432015665
Name : Mrs MAHAJAN SHASHI BAJRAO
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:09

MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.
No obvious evidence of focal spiculated suspicious mass lesion.
Few benign calcification seen in right breast.

No architectural distortion is seen.
No abnormal skin thickening is seen.
Skin and nipple shadows are normal.
Bilateral axillary lymph nodes seen.

Sonomammography of both breasts show normal parenchymal echotexture.

Opinion:

ACR BIRADS CATEGORY II.

*Suggest: Follow up mammography after one year is suggested.
Please bring all the films for comparison.*

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sionNo=2024111508131336

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CID : 2432015665
Name : Mrs MAHAJAN SHASHI BAJIRAO
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:09

ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

- I Negative IV Suspicious (Indeterminate).
II Benign finding V Highly suggestive of malignancy.
III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and 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. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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SUBURBAN DIAGNOSTICS PVT. LTD.

Name: SHASHI MAHAJAN

Date: 15-11-2024 Time: 08:49

Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:33 achieving a work level of 9.6 METS.
Resting Heart Rate, initially 79 bpm rose to a max. heart rate of 152bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg

Good Effort tolerance
Normal HR & BP Response
No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise
Impression:
Stress test Negative for Stress inducible ischaemia.

Disclaimer:
Negative stress test does not rule out ischemic heart disease and visa versa. Clinical complaints are important

Suburban Diagnostics Pvt. Ltd.
3018-3022, ...
Abhy ...
B ...

Sneha Shetty
Dr. Sneha Shetty

MBBS, PGDCC
Office: ...
Reg. No. 2008/03/0660

Ref. Doctor: ----
Schiller Cardiovit CS-20 Version 3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: SHASHI MAHAJAN

Date: 15-11-2024 Time: 08:49

Age: 42 Gender: F Height: 151 cms Weight: 56 Kg ID: 2432015665

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 178

Target HR: 151 (85% of Pr. MHR)

Exercise Time: 0:08:33

Achieved Max HR: 152 (85% of Pr. MHR)

Max BP: 150/80

Max BP x HR: 22800

Max Mets: 9.6

Test Termination Criteria:

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	00:10	1	0	0	79	120/80	9480	-0.1 II	-2.2 II
Standing	00:13	1	0	0	82	120/80	9840	-0.2 II	-2.2 II
HyperVentilation	00:08	1	0	0	82	120/80	9840	0.3 V4	-0.2 II
PreTest	00:06	1	1.6	0	82	120/80	9840	0.3 V2	-0.2 II
Stage: 1	03:00	4.7	2.7	10	102	120/80	12240	-0.3 aVF	-0.2 II
Stage: 2	03:00	7	4	12	124	130/80	16120	-0.4 II	-0.2 II
Peak Exercise	02:33	9.6	5.5	14	152	140/80	21280	-0.6 II	-0.2 II
Recovery1	01:00	1	0	0	121	150/80	18150	0.5 V3	0.2 V3
Recovery2	01:00	1	0	0	101	150/80	15150	-0.3 III	0.2 V3
Recovery3	01:00	1	0	0	99	130/80	12870	-0.3 II	-0.1 II
Recovery4	00:09	1	0	0	96	130/80	12480	-0.2 aVR	0.1 I

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432015665
Stage: Supine

Date: 15-11-2024
Speed: 0 km/h

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

Stage Time: 00:10
THR: 151 bpm

HR: 79 bpm
52% of THR
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

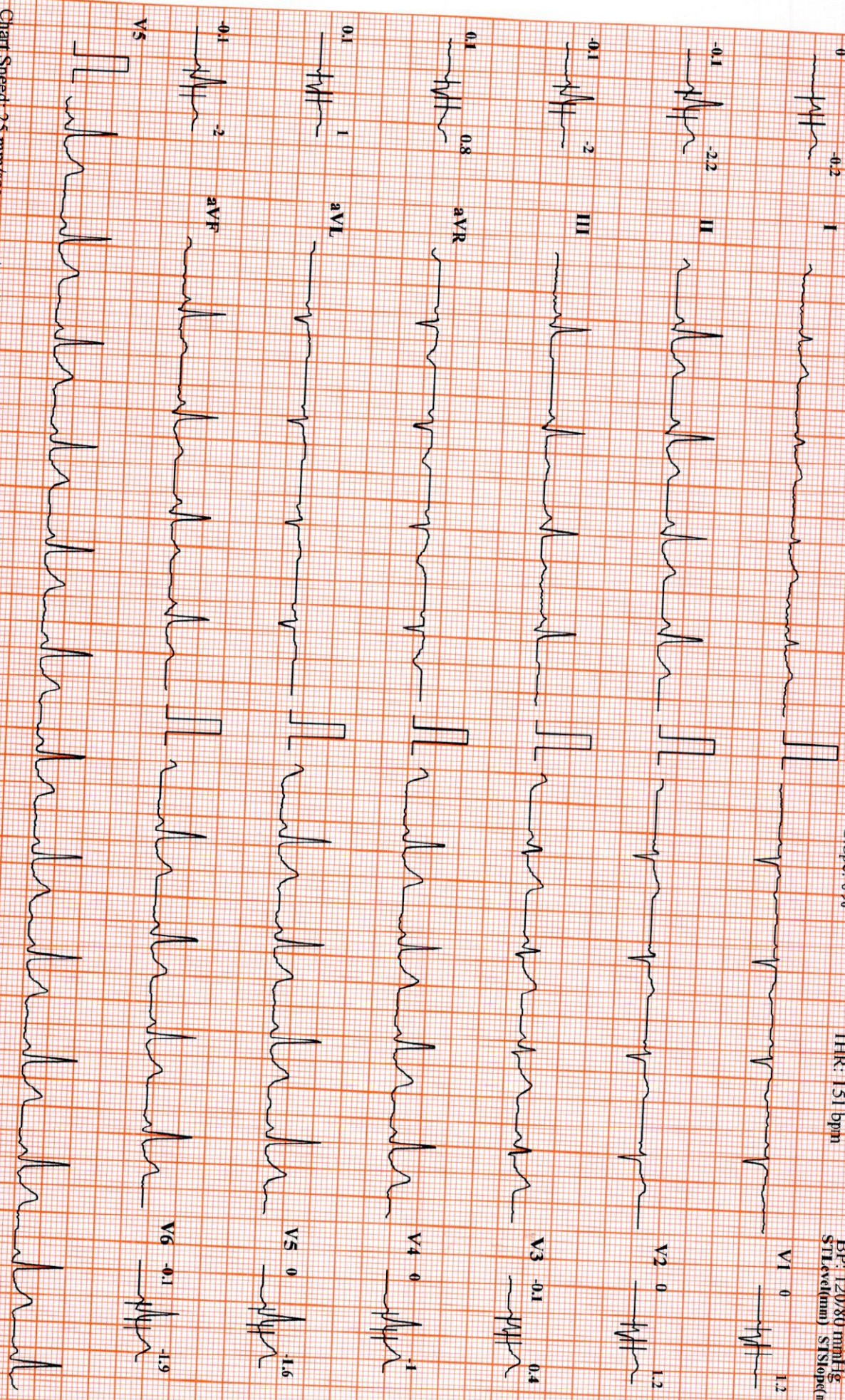


Chart Speed: 25 mm/sec
Amplitude: 10mm/mV
Filter: 35 Hz
Mains Filter: ON
ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms
Schiller Cardiovit CS-20 Version 3.6

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432015665

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:13

HR: 82 bpm
54% of THR
BP: 120/80 mmHg

STLevel(mm) STISlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 151 bpm

STLevel(mm) STISlope(mV/s)

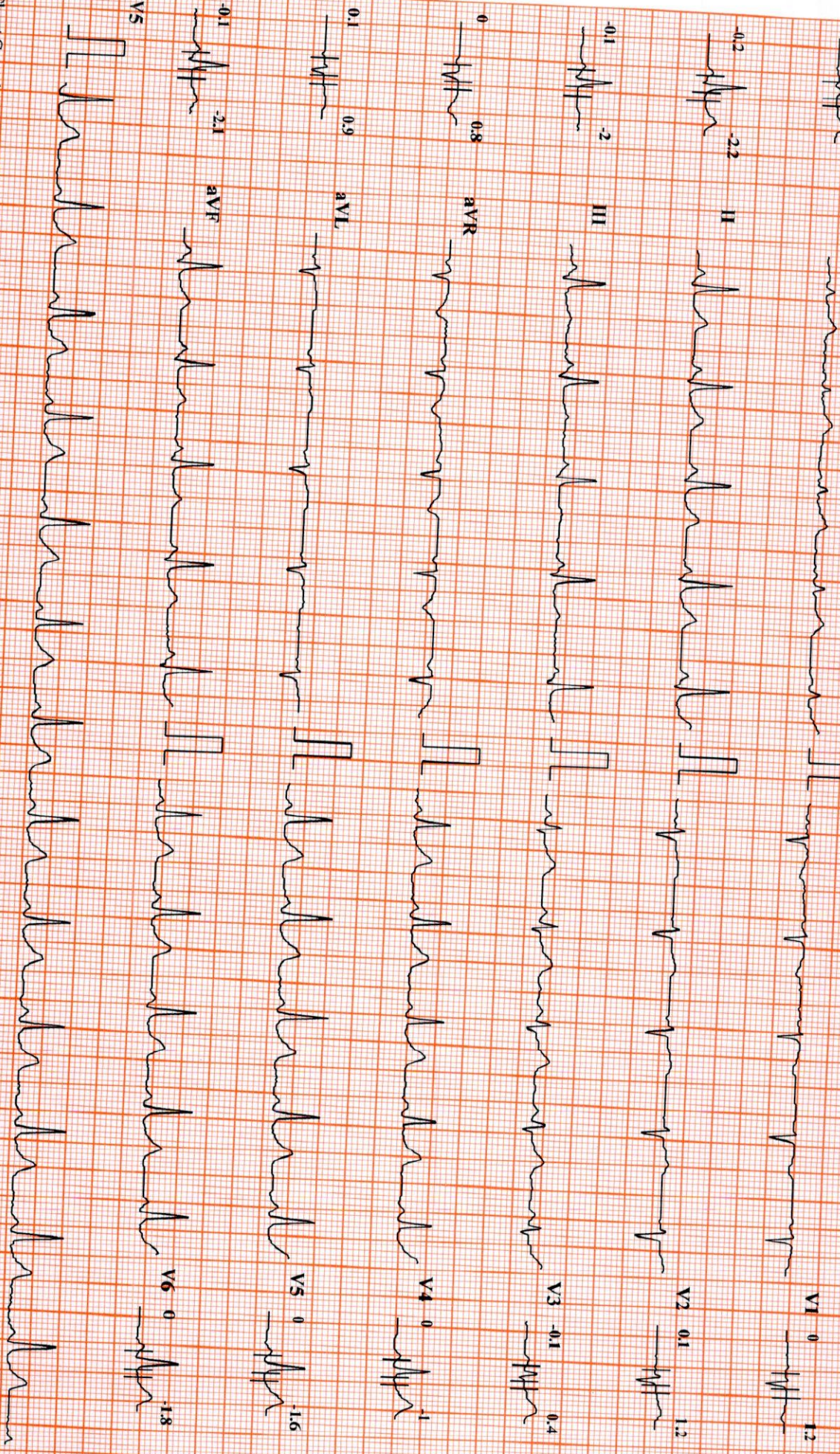


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brace Protocol
STLevel(mm) STISlope(mV/s)

ID: 2432015665
Stage: HyperVentilation
Date: 15-11-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0%
Stage Time: 00:08
THR: 151 bpm

HR: 82 bpm
54% of THR
BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

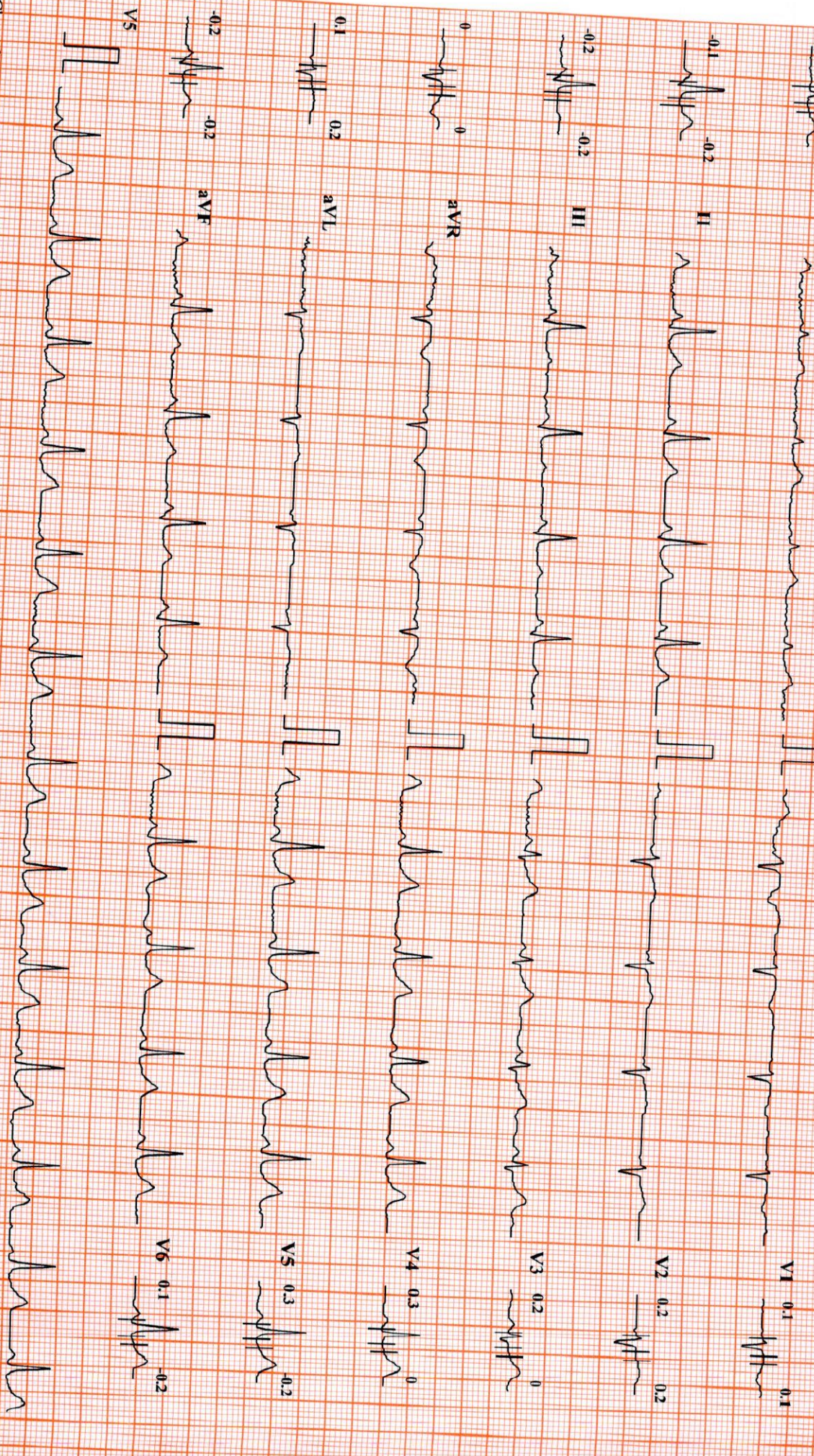


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

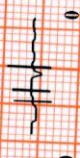
ID: 2432015665
Stage: 1

Date: 15-11-2024
Speed: 2.7 kmph

Exec Time : 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 151 bpm

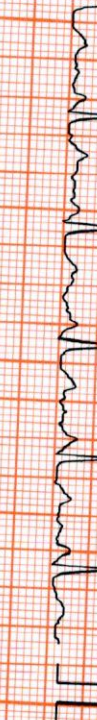
HR: 102 bpm
68% of THR
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)



I



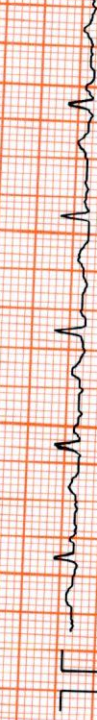
II



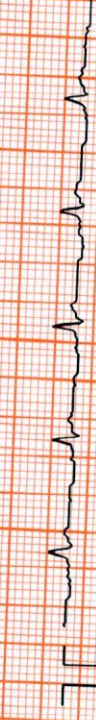
III



aVR



aVL



aVF



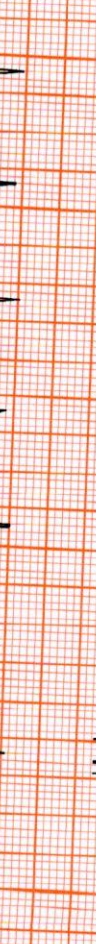
V1



V2



V3



V4



V5



V6

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432015665

STLevel(mm) STSlope(mV/s)

Stage: 2

Date: 15-11-2024

Speed: 4 kmph

Exec Time : 0:06:00

Slope: 12 %

Stage Time: 03:00

THR: 151 bpm

HR: 124 bpm

82% of THR

BP: 130/80 mmHg

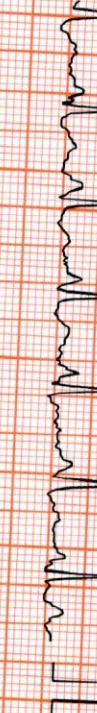
STLevel(mm) STSlope(mV/s)



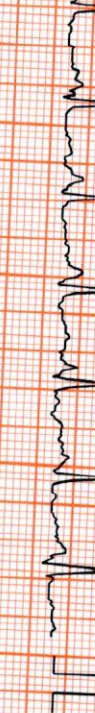
I



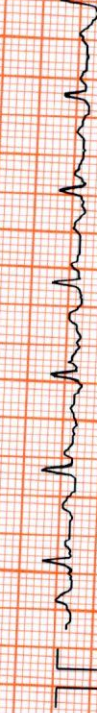
II



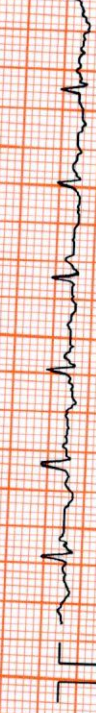
III



aVR



aVL



aVF



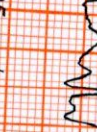
V1



V2



V3



V4



V5



V6

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432015665

Date: 15-11-2024

Stage: 3 Peak Exercise
Speed: 5.5 kmph

Exec Time : 0:08:33

Slope: 14 %

Stage Time: 02:33

THR: 151 bpm

HR: 152 bpm

101% of THR
BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

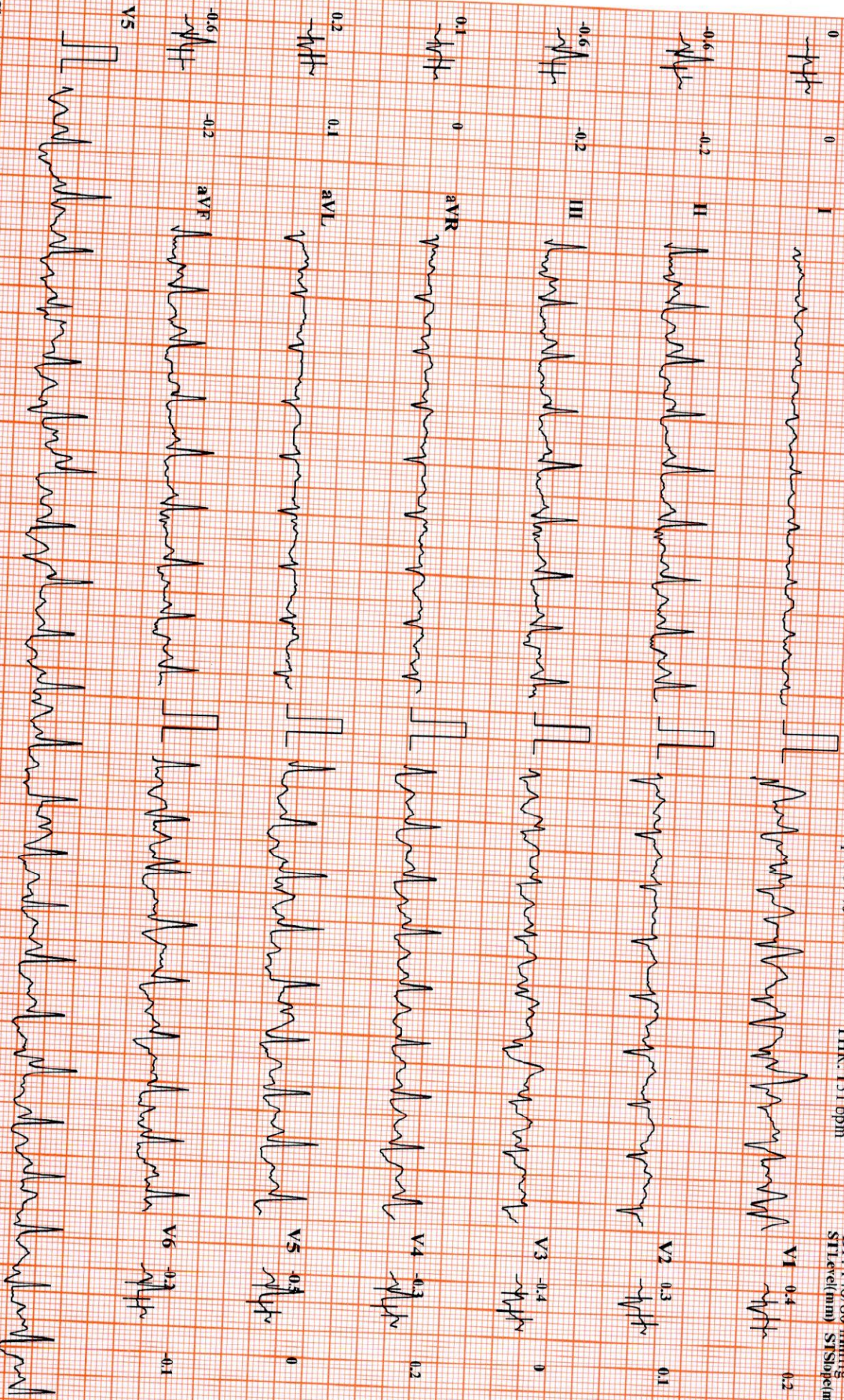


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432015665
Stage: Recovery/1

Date: 15-11-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 151 bpm

HR: 121 bpm
80% of THR
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

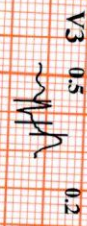
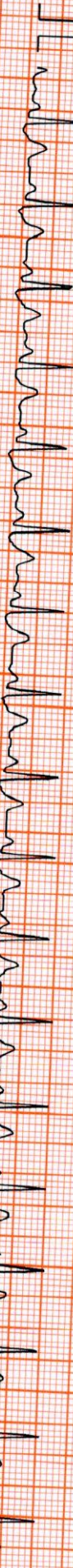


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432015665
Stage: Recovery2

Date: 15-11-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 151 bpm

HR: 101 bpm
67% of THR
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

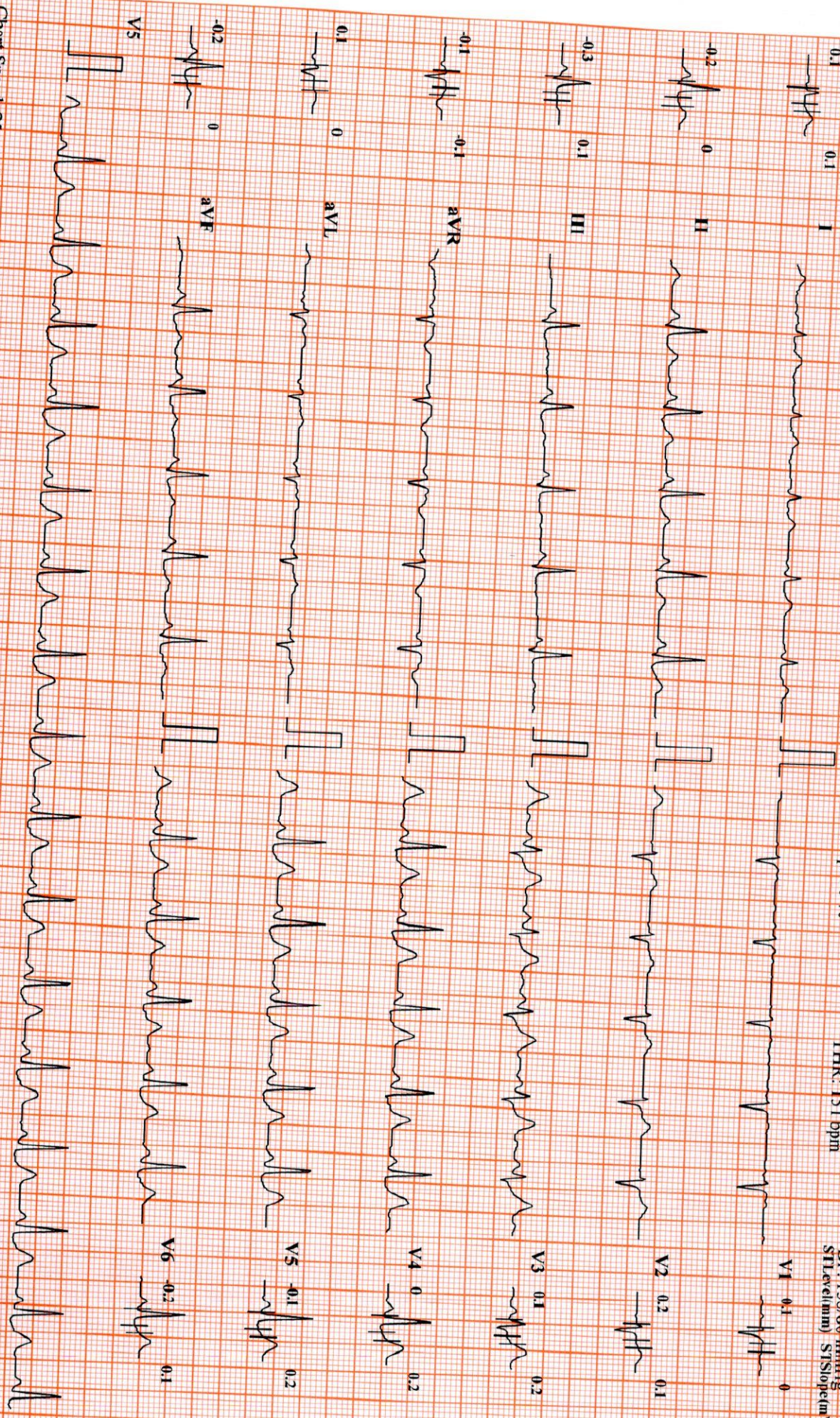


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432015665

Stage: Recovery3

Date: 15-11-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 151 bpm

HR: 99 bpm

66% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

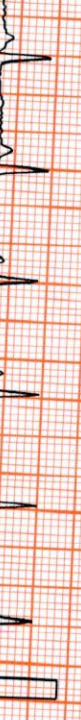
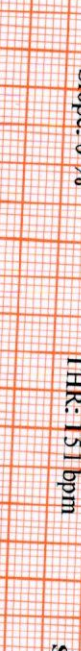


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R : 60 ms. J = R + 60 ms. Post J = J + 60 ms

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432015665
Stage: Recovery4

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 00:09
THR: 151 bpm

HR: 96 bpm
64% of THR
BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

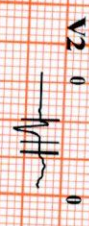
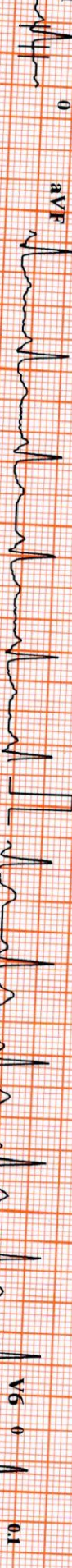
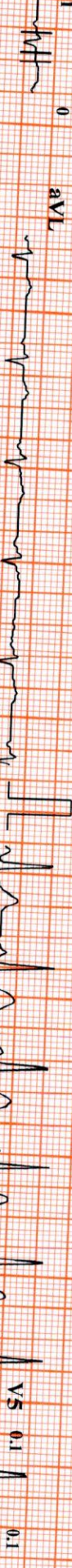
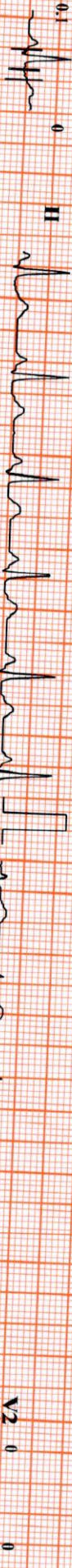


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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