



CID : 2432119924
Name : MRS.RESHMA DAVANE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.3	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6340	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.7	20-40 %	
Absolute Lymphocytes	2130.0	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	620.0	200-1000 /cmm	Calculated
Neutrophils	46.9	40-80 %	
Absolute Neutrophils	2960.0	2000-7000 /cmm	Calculated
Eosinophils	8.8	1-6 %	
Absolute Eosinophils	560.0	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	50.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	297000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 Fasting	88.1	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	110.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.			
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	46.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	124	(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	6.1	2.4-5.7 mg/dl	Enzymatic
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*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	5.7	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.

*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	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.000	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	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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*** 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
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 ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.6	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	39.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	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	16.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

*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
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	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	1.52	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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*** End Of Report ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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

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*** End Of Report ***



J Thakker

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

RESHMA Age/Gender : 32

DAVANE Years/Female

History and Complaints:

No Complaints.

EXAMINATION FINDINGS:

Height (cms):	155	Weight (kg):	56
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	100/70	Nails:	NAD
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

0.56
S. white acid

ADVICE:

Physician Refy.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO
5) Tuberculosis	NO

6)	Asthama	
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	NO
3)	Diet	Mix/Veg
4)	Medication	No

Nitin sonavane

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT CARDIOLOGIST
REGD. NO: 87714

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

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Name : Mrs RESHMA DHAVANE
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 16-Nov-2024
Reported : 16-Nov-2024 / 10:42

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.9 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

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

(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 9.3 x 3.9 cm. Left kidney measures 11.3 x 5.8 cm.

A calculus of size 3.0 mm seen in lower pole of right kidney.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter. **Few bilateral renal concretions noted.**

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 7.3 x 3.3 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 3.6 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.0 x 1.6 x 3.0 cm.

The left ovary measures 2.8 x 1.6 x 3.3 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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sionNo=2024111608432353

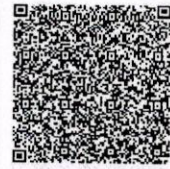
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1902510453082

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.

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Reg. Date : 16-Nov-2024
Reported : 16-Nov-2024 / 10:42

Opinion:

- Right renal calculus.

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

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Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 16-Nov-2024
Reported : 16-Nov-2024 / 13:05

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-----

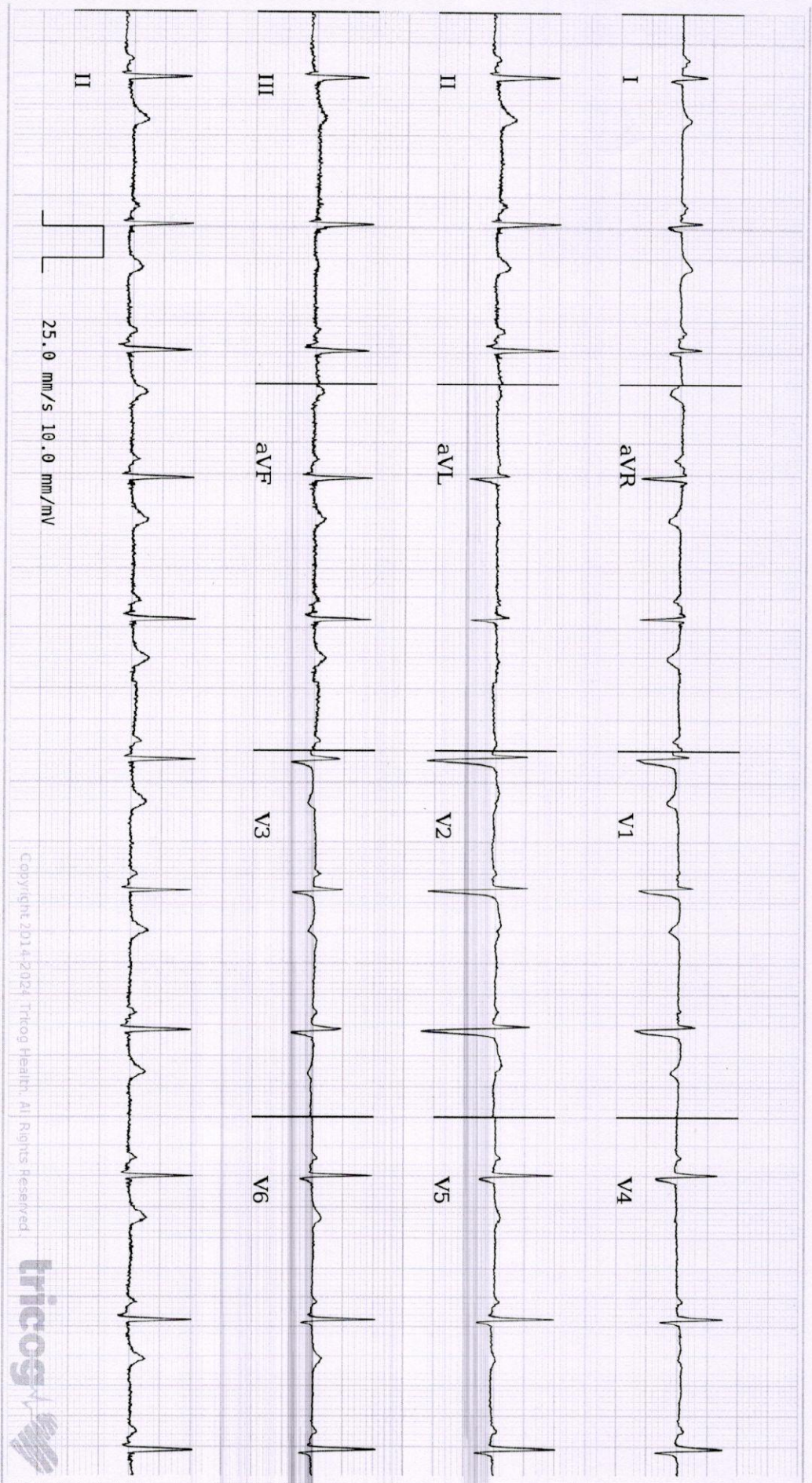
Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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sessionNo=2024111608432368

Patient Name: **RESHMA DAVANE**
Patient ID: **2432119924**

SUBURBAN DIAGNOSTICS - BOKRIWALI WEST I
Date and Time: **16th Nov 24 9:05 AM**



Age **32** NA NA
years months days

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP: **100/70 mmHg**
Weight: **56 kg**
Height: **155 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **86ms**
QT: **386ms**
QTcB: **407ms**
PR: **116ms**
P-R-T: **40° 79° 54°**

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

REPORTED BY

Dr. Nithin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
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.

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: RESHMA DAVANE

Date: 15-11-2024 Time: 19:34

Age: 32 Gender: M Height: 155 cms Weight: 56 Kg ID: 2432119924

Clinical History:

Medications:

Test Details:

Protocol: Bruce Predicted Max HR: 188 Target HR: 159 (85% of Pr. MHR)

Exercise Time: 0:05:55 Achieved Max HR: 164 (87% of Pr. MHR)

Max BP: 130/80 Max BP x HR: 21320 Max Mets: 6.9

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	00:23	1	0	0	94	100/70	9400	-0.4 V3	1.6 V2
Standing	00:08	1	0	0	101	100/70	10100	-0.5 V3	1.7 V2
HyperVentilation	00:23	1	0	0	100	100/70	10000	-0.6 V3	1.7 V2
PreTest	00:14	1	1.6	0	111	100/70	11100	-0.5 V3	1.6 V2
Stage: 1	03:00	4.7	2.7	10	141	100/70	14100	-1 V3	1.4 V2
Peak Exercise	02:55	6.9	4	12	164	120/80	19680	-1.3 V3	1.8 V3
Recovery1	01:00	1	0	0	126	130/80	16380	-0.4 V4	2.1 V3
Recovery2	01:00	1	0	0	113	120/80	13560	-0.5 V3	1.9 V3
Recovery3	01:00	1	0	0	107	110/70	11770	-0.7 V3	1.8 V2
Recovery4	00:03	1	0	0	105	110/70	11550	-0.6 V3	1.6 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:55 achieving a work level of 6.9 METS.
Resting Heart Rate, initially 94 bpm rose to a max. heart rate of 164bpm (87% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 130/80 mmHg

Moderate 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 correlation is important

(Faint purple stamp: Suburban Diagnostics Pvt. Ltd. 15/11/2024)

(Handwritten signature: Sneha Shetty)
Dr. Sneha Shetty
MBBS, PGDCC
Clinical Cardiology
Reg. No. 2018/000560
(Stamp: Suburban Diagnostics Pvt. Ltd. 15/11/2024)

Ref. Doctor: ARCOFEMI

SCHILLER
The Art of Diagnostics



SUBURBAN DIAGNOSTICS PVT. LTD.

RESHMA DAVANE (32 M)

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:23

HR: 94 bpm

59% of THR

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 159 bpm

STLevel(mm) STSlope(mV/s)

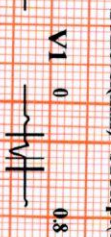
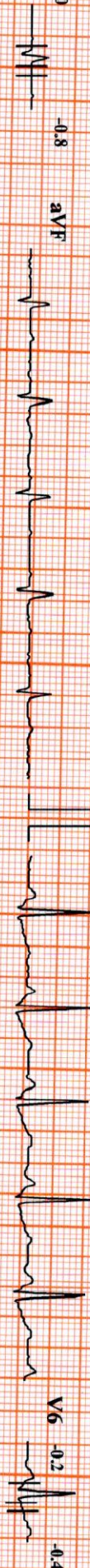
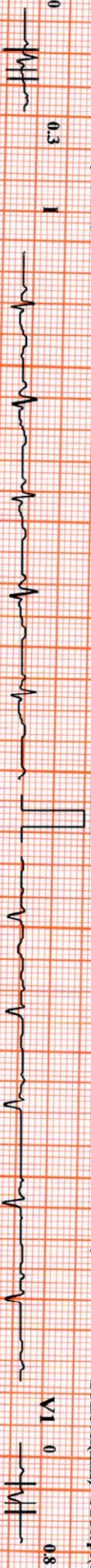


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

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RESHMA DAVANE (32 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 101 bpm
64% of THR

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 159 bpm

BP: 100/70 mmHg
STLevel(mm) STSlope(mV/s)

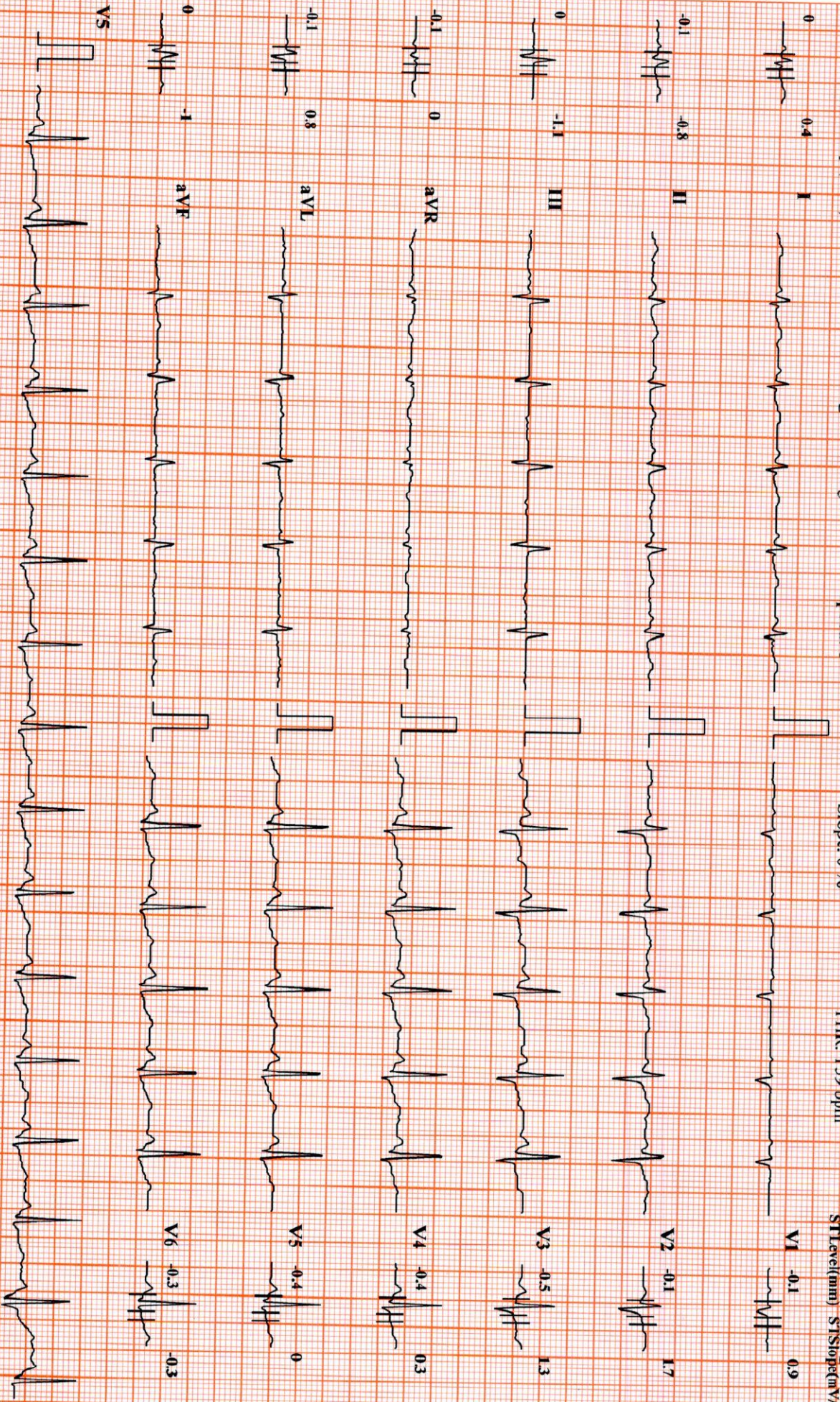


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Amplitude: 10mm/mV

Filter: 35 Hz - Main Filter: ON

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Schiller Cardiovit CS-20 Version: 3.6



RESHMA DAVANE (32 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:23

HR: 100 bpm

STLevel(mm) STISlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 159 bpm

63% of THR
BP: 100/70 mmHg
STLevel(mm) STISlope(mV/s)

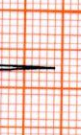
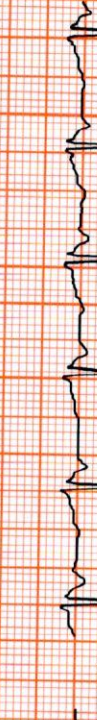
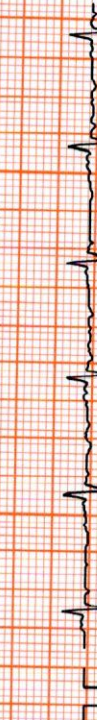
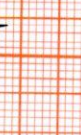
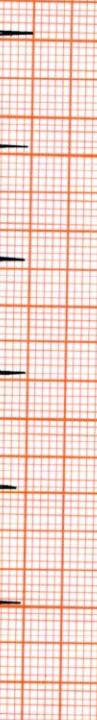
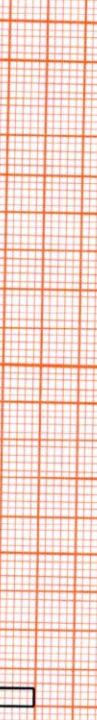
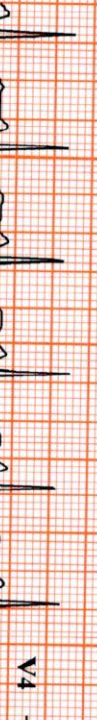
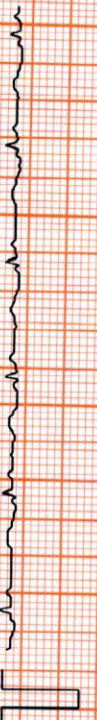
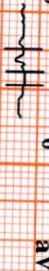
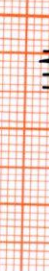
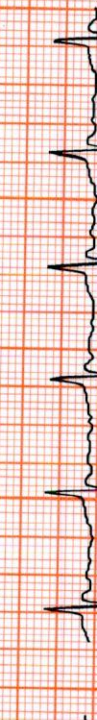
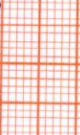
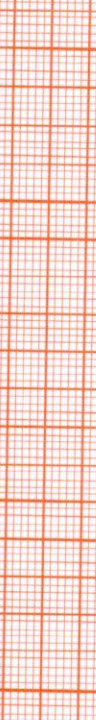
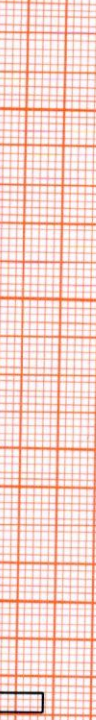
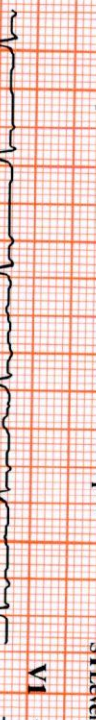


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version: 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

RESHMA DAVANE (32 M)

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time: 0:03:00

Stage Time: 03:00

HR: 141 bpm

89% of THR

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Slope: 10 %

THR: 159 bpm

0.1 0.2 I



V1 -0.2 0.8

0 -0.6 II



V2 -0.4 1.4

0.1 -0.9 III



V3 -1 1.4

0.1 0.1 aVR



V4 -1 0.4

-0.1 0.7 aVL



V5 -0.8 0

0 -0.8 aVF



V6 -0.8 -0.2

V5



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



SUBURBAN DIAGNOSTICS PVT. LTD.

RESHMA DAVANE (32 M)

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time : 0:05:55

Stage Time: 02:55

HR: 164 bpm

STLevel(mm) STISlope(mV/s)

Stage: 2 Peak Exercise Speed: 4 kmph

Slope: 12 %

THR: 159 bpm

103% of THR
BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

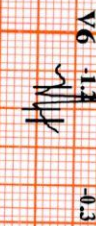
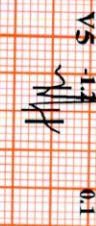
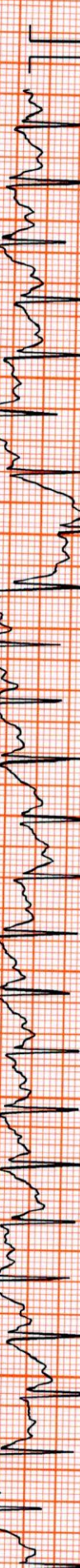
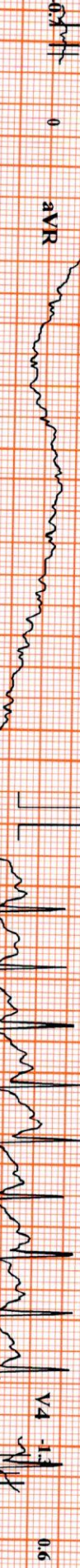
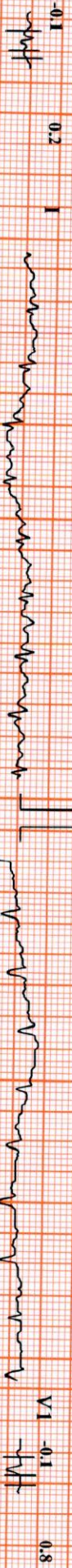


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

RESHMA DAVANE (32 M)

Bruce Protocol

ID: 2432119924

Date: 15-11-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 126 bpm

79% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

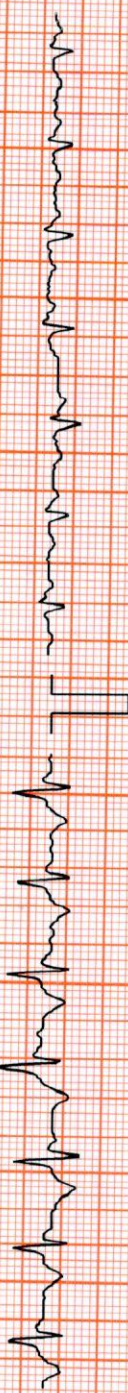
THR: 159 bpm

0.2 0.4 1



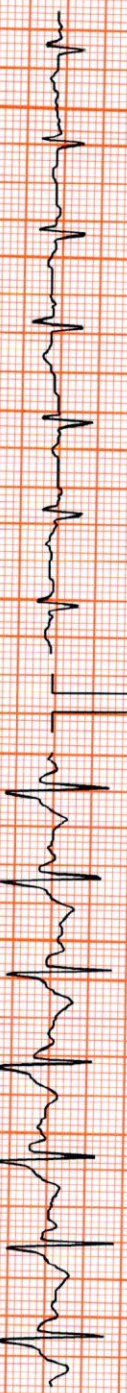
V1 0 1

0.1 -0.8 II



V2 0 1.9

-0.1 -1.2 III



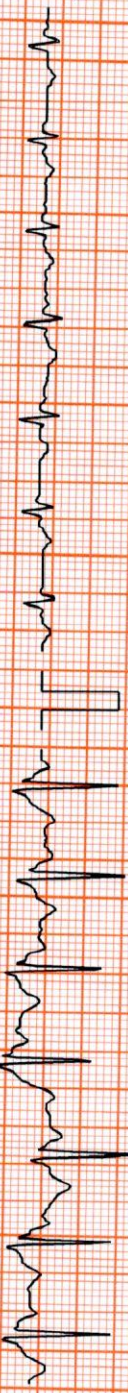
V3 -0.3 2.1

-0.2 0 aVR



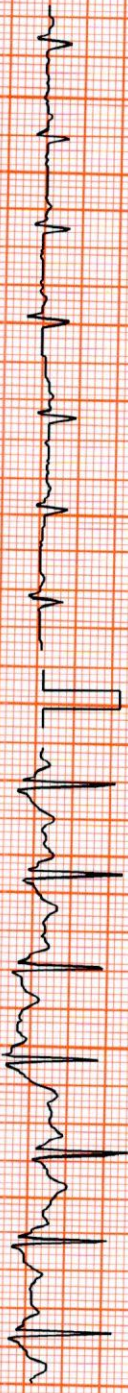
V4 -0.4 0.8

0.2 0.8 aVL



V5 -0.4 0.4

0 -1 aVF



V6 -0.3 0

V5

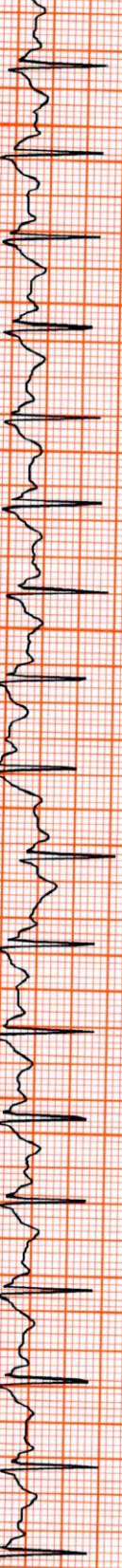


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos: J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



RESHMA DAVANE (32 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432119924
Stage: Recovery2

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 159 bpm

HR: 113 bpm
71% of THR
BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

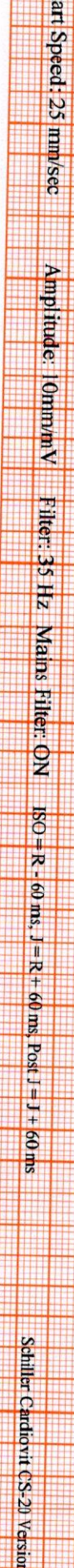
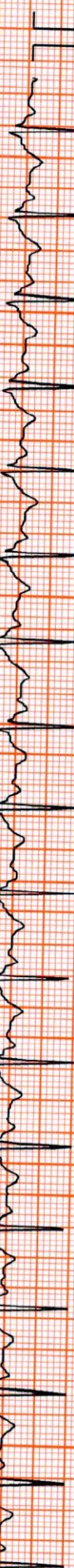
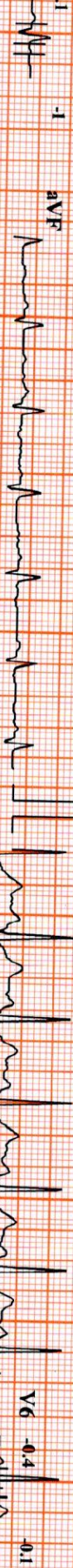
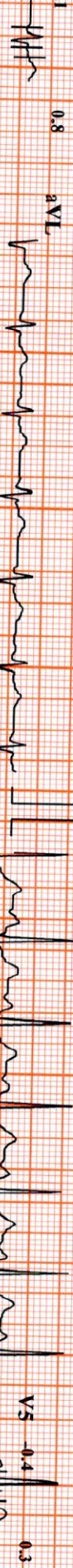
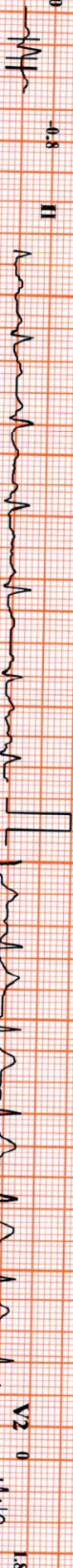


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.6



RESHMA DAVANE (32 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432119924
Stage: Recovery3

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 159 bpm

HR: 107 bpm
67% of THR
BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

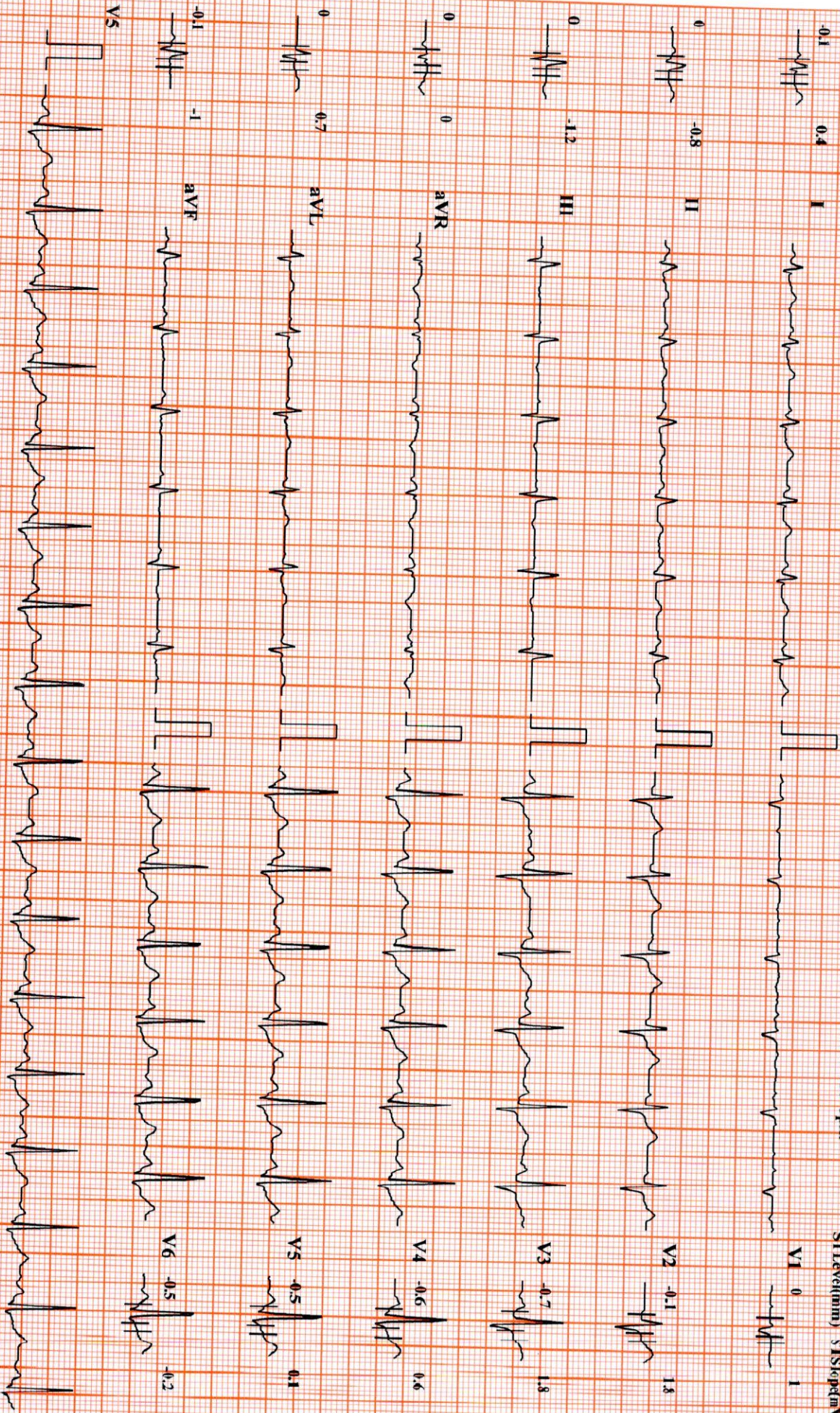


Chart Speed: 25 mm/sec

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-21 Version: 3.6



RESHMA DAVANE (32 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432119924
Stage: Recovery4

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 00:03
THR: 159 bpm

HR: 105 bpm
66% of THR
BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

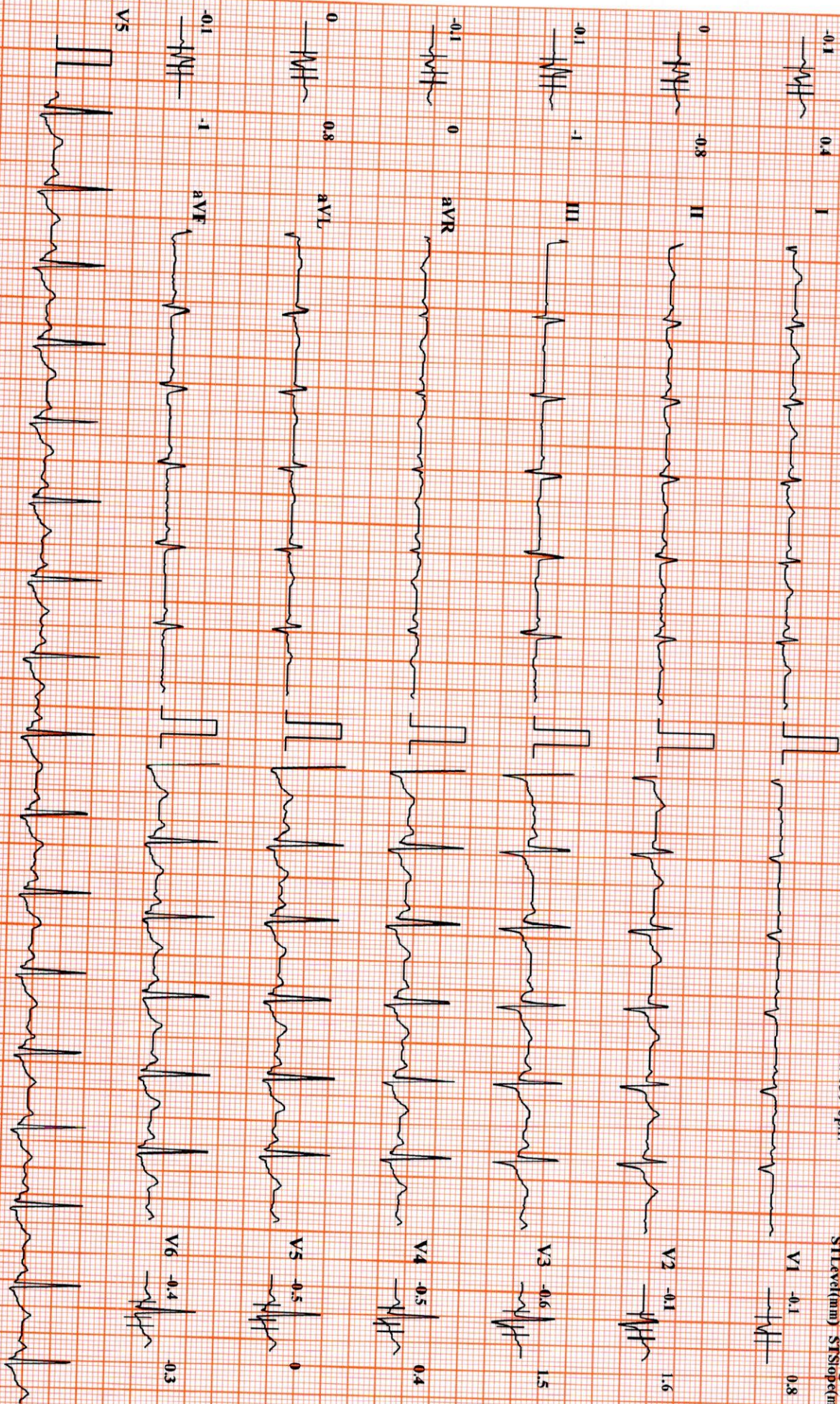


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



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Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

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Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mrs. Reshma Davane** aged, **32yr.** Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: **16/11/2024**

Dr. Nitesh Kumar
MBBS
Name & Signature of **47093**

Medical officer