



CID : 2405000795
Name : MRS.JYOTI VISHWAKARMA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 19-Feb-2024 / 09:22
Reported : 19-Feb-2024 / 13:39

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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	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.39	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Calculated
MCV	87.9	80-100 fl	Measured
MCH	27.9	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4960	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	21.5	20-40 %	
Absolute Lymphocytes	1060	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	450	200-1000 /cmm	Calculated
Neutrophils	63.7	40-80 %	
Absolute Neutrophils	3160	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	189000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Measured
PDW	22.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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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	74.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.48	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 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	19.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	77.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	22.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	118	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated



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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 2.6 2.4-5.7 mg/dl Enzymatic

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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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 CPL, Andheri West

*** End Of Report ***



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Reported : 19-Feb-2024 / 14:03

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	66.7	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	57.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	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	13.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.25	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/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 upto 15 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 at least 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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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

Jyoti

भारत सरकार
GOVT. OF INDIA

श्रीमान् ज्योति
INCOME TAX DEPARTMENT

ज्योति विश्वकर्मा
JYOTI VISHWAKARMA

किशोरी लाल विश्वकर्मा
KISHORI LAL VISHWAKARMA

02/12/1989

ALFV9338A

Jyoti

44003010



Name : MRS. JYOTI VISHWAKARMA

Age / Gender : 34 Years/Female

Consulting Dr. :

Collected : 19-Feb-2024 / 09:17

Reg. Location : Malad West (Main Centre)

Reported : 19-Feb-2024 / 15:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	159	Weight (kg):	78
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Normal

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION: -

ADVICE: *Regular exercise*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

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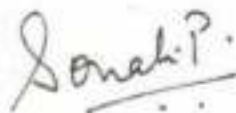
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries Umbilical hernia in November 23
- 17) Musculoskeletal System No

PERSONAL HISTORY:

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

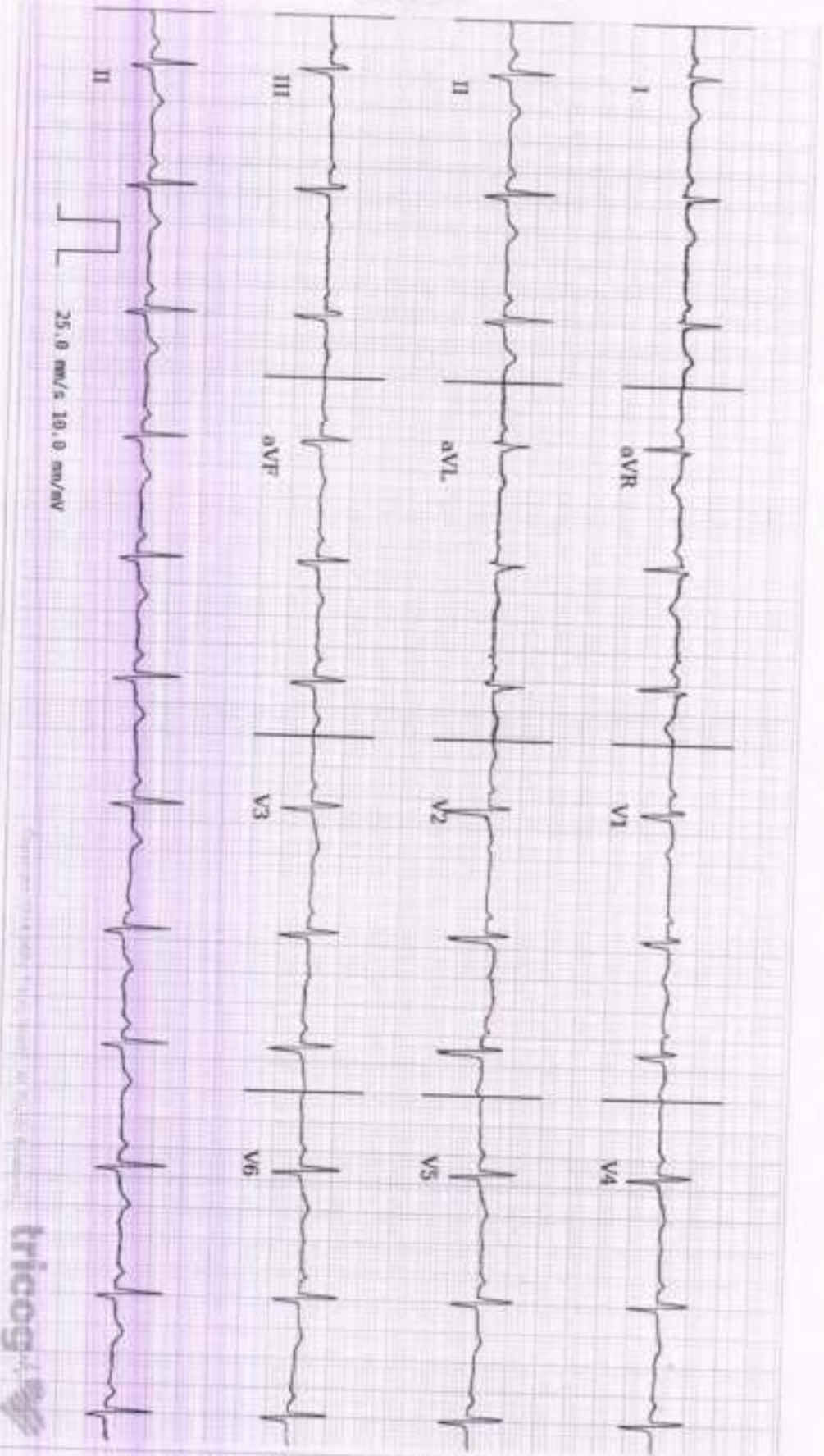
*** End Of Report ***

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882


Dr. Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

SUBURBAN DIAGNOSTICS (PVT.) PVT. LTD.
102-104, Bhamburda Circle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS - MALAD WEST
Patient Name: JYOTI VISHWAKARMA
Patient ID: 2405000795
Date and Time: 19th Feb 24 10:24 AM



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

Age **34** years
Gender **Fem**
Heart Rate **7**
Patient Vitals
BP: 120/7
Weight: 78 kg
Height: 159 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements
QRSD: 74ms
QT: 390ms
QTcB: 429ms
PR: 146ms
P-R-T: 47° 6°

REPORTED BY

Jyoti V.

DR. SONALI BHOWMAD
MD (General Medicine)
Tricog
3001 SACTHO

Disclaimer: This Analytical Report is based on ECG data and should be used for reference only. It does not constitute a diagnosis. The results of this analysis and any subsequent action and cost be interpreted by a qualified physician. (1) Patient details are as entered by the clinician and are subject to error. (2) ECG

Date:- 19/2/24

CID: 2405000795

Name:- Jyoti Vishwakarma

Sex / Age: F / 34

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: ^{DV}
RE - 6/6
LE - 6/6

NV -
RE - N16
LE - N16

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Eastern Court,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



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Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 15:02

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. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909182646>

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. There is 1.3 x 1.6 cm sized well defined round uniform echogenic lesion seen in liver suggest hemangioma. Rest liver shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any other intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.4 x 3.5 cm.
Left kidney measures 9.0 x 4.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The endometrial thickness is 7.2 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

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Reg. Location : Malad West Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 10:12

IMPRESSION:-

*Small hepatic hemangioma.
No other significant abnormality is seen.*

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909182633>

Malad West

Station
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: JYOTI, VISHWAKARMA
 Patient ID: 2405000795
 Height: 159 cm
 Weight: 78 kg

DOB: 02.12.1989
 Age: 34yrs
 Gender: Female
 Race: Asian

Study Date: 19.02.2024
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications: --

Medical History: --

Reason for Exercise Test: --Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	03:06	0.00	0.00	97	120/80	
	STANDING	00:10	0.00	0.00	86	120/80	
	HYPERV.	00:05	0.00	0.00	82	120/80	
	WARM-UP	00:09	1.00	0.00	81	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	134	130/80	
	STAGE 2	03:00	2.50	12.00	166	140/80	
	STAGE 3	00:59	3.40	14.00	181	140/80	
RECOVERY		03:05	0.00	0.00	102	140/80	

The patient exercised according to the BRUCE for 6:58 min:s, achieving a work level of Max. METS: 9.90. The resting heart rate of 99 bpm rose to a maximal heart rate of 181 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

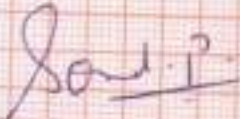
Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician



Technician

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO 2001/04/1882

SUBURBAN DIAGNOSTIC CENTRE LTD.
102/106, Shivajinagar, Pune
Opp. College Sports Club,
Link Road, MUMBAI - 400 054

JYOTI, VISHWAKARMA
 Patient ID: 2405000795
 19.02.2024
 10:54:00am

12-Lead Report
PRETEST
 SUPINE
 03:05

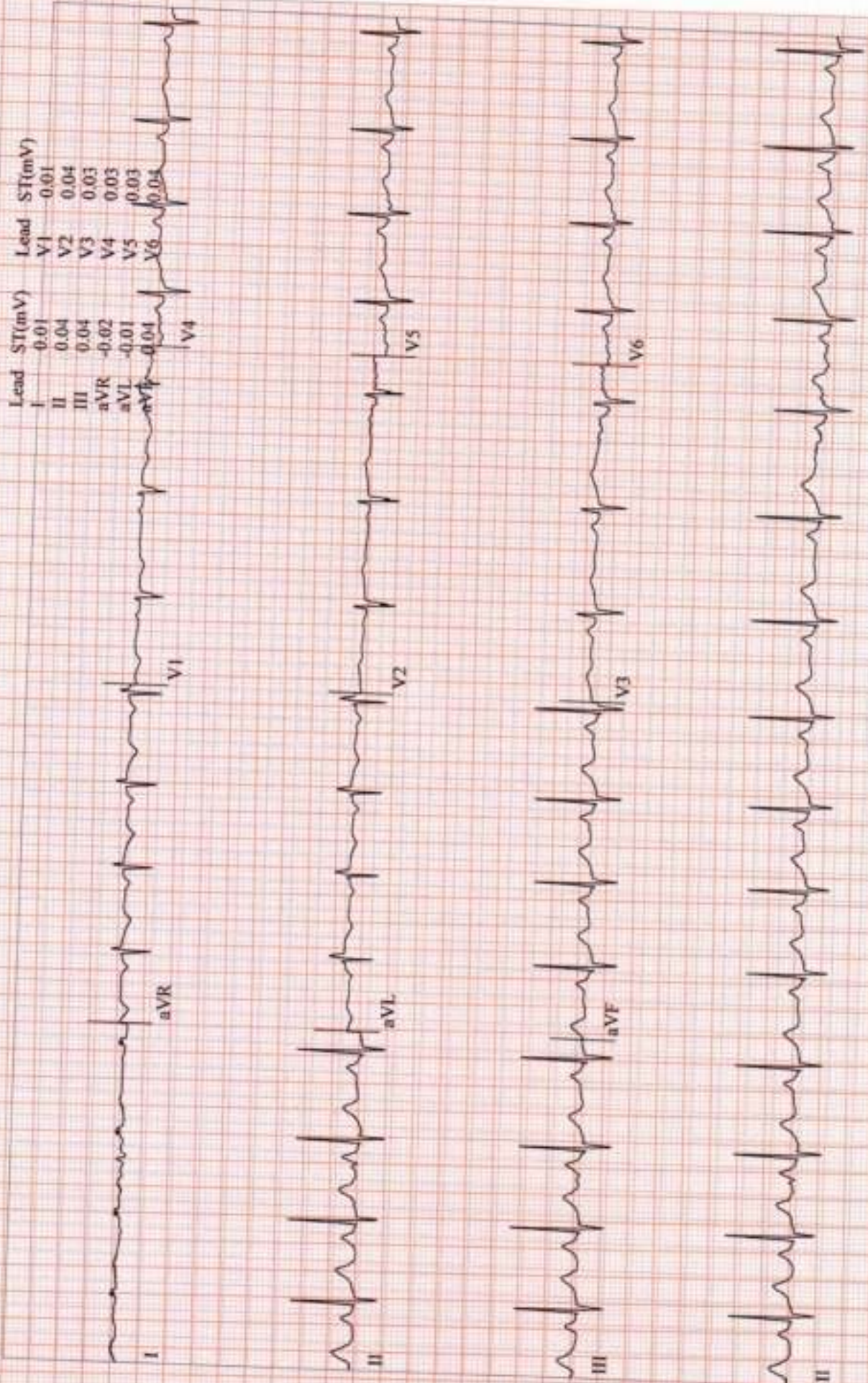
97 bpm
 120/80 mmHg

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.01
II	0.04	V2	0.04
III	0.04	V3	0.03
aVR	-0.02	V4	0.03
aVL	-0.01	V5	0.03
aVF	0.04	V6	0.04



CardioSoft V6.73 (2)
 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA

Patient ID: 2405000795

19.02.2024

10:54:07am

12-Lead Report

89 bpm
120/80 mmHg

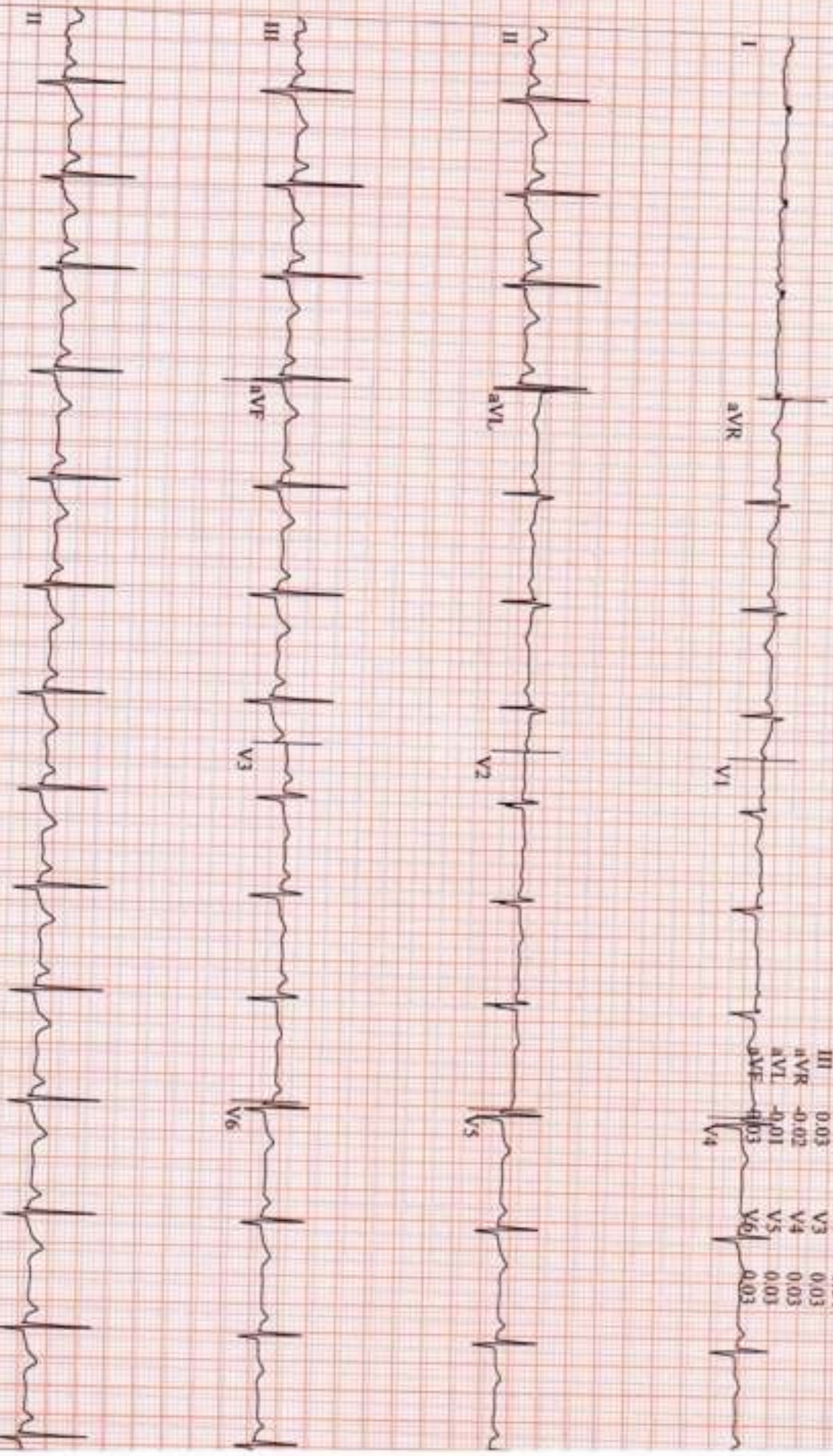
PRETEST
STANDING
03:12

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTI

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.01
II	0.04	V2	0.04
III	0.03	V3	0.03
aVR	-0.02	V4	0.03
aVL	-0.01	V5	0.03
aVF	0.03	V6	0.03



GE CardioSoft V6.73 (2)
25 mm/s | 0 mm/mV | 50Hz 0.01Hz FRF+ HR(IL,V5)

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA
Patient ID 2405000795

19.02.2024
10:54:12am

12-Lead Report

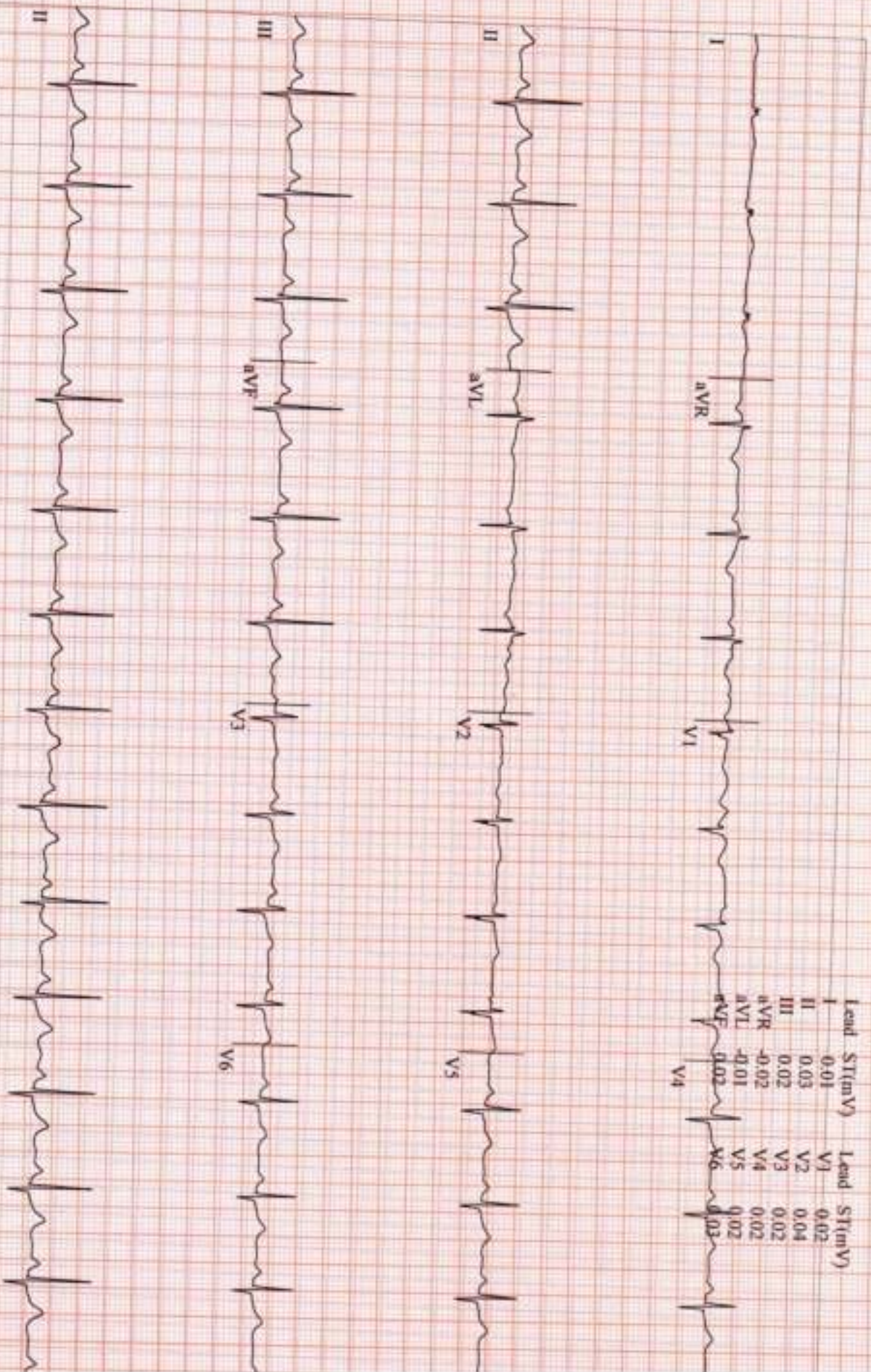
83 bpm
120/80 mmHg

PRETEST
HYPERV.
03:18

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOST



Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.02
II	0.03	V2	0.04
III	0.02	V3	0.02
aVR	-0.02	V4	0.02
aVL	-0.01	V5	0.02
aVF	0.02	V6	0.02

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QI,V5)

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA

Patient ID: 2465000795

19.02.2024

10:57:05am

Linked Medians

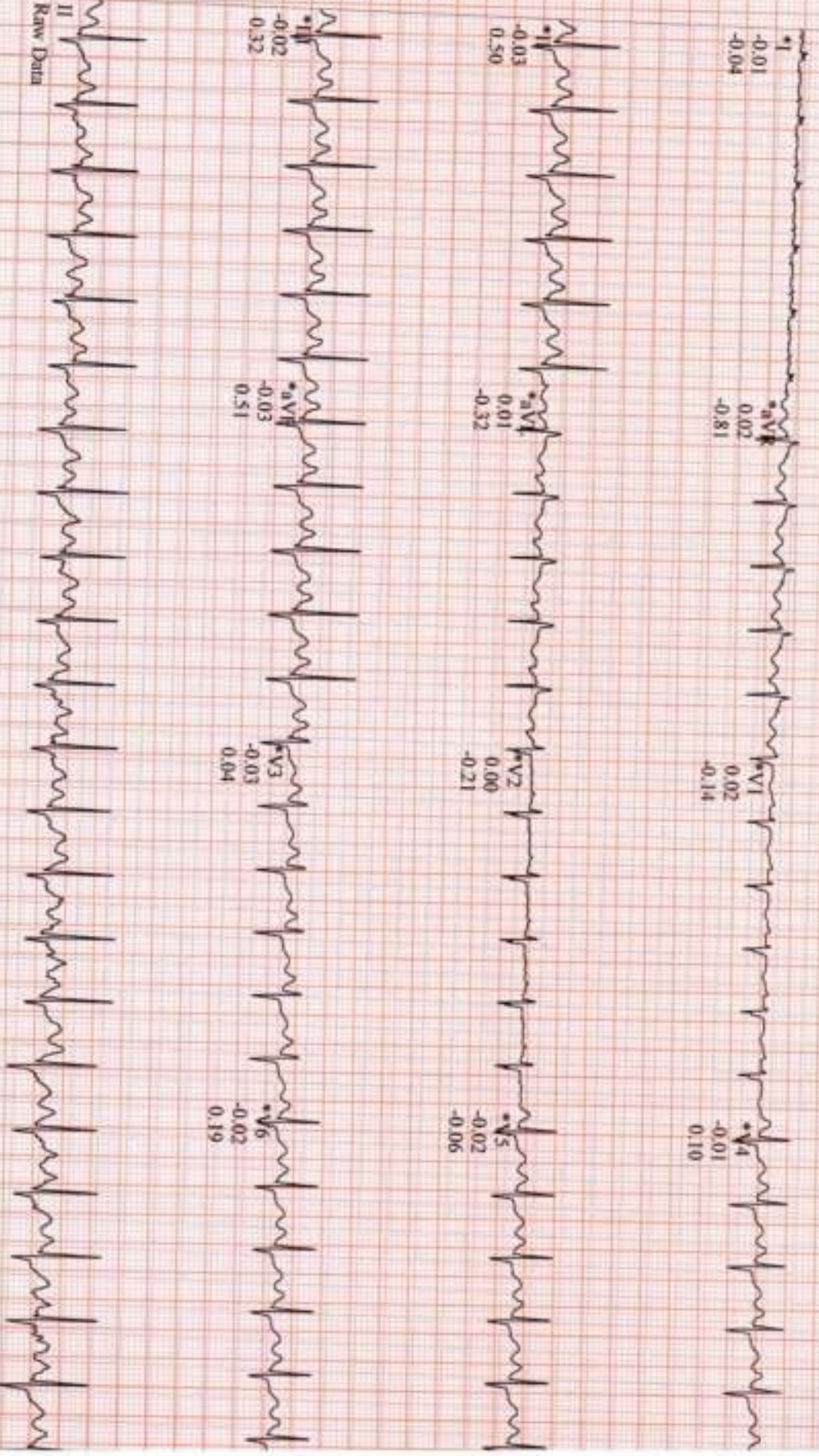
136 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTI

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

*Computer Synthesized Rhythms

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA
Patient ID: 2405600795
19.02.2024
11:00-05am

Linked Medians

164 bpm
140/80 mmHg
EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOST

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s - 10 mm/mV 50Hz 0.01Hz FRF+ HR(TL,VS)

*Computer Synthesized Rhythms

Start of Test: 10:50:49am

JVOTI, VISHWAKARMA

Patient ID: 24050007995

19.02.2024

11:01:19am

181 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

06:59

BRUCE

3.4 mph

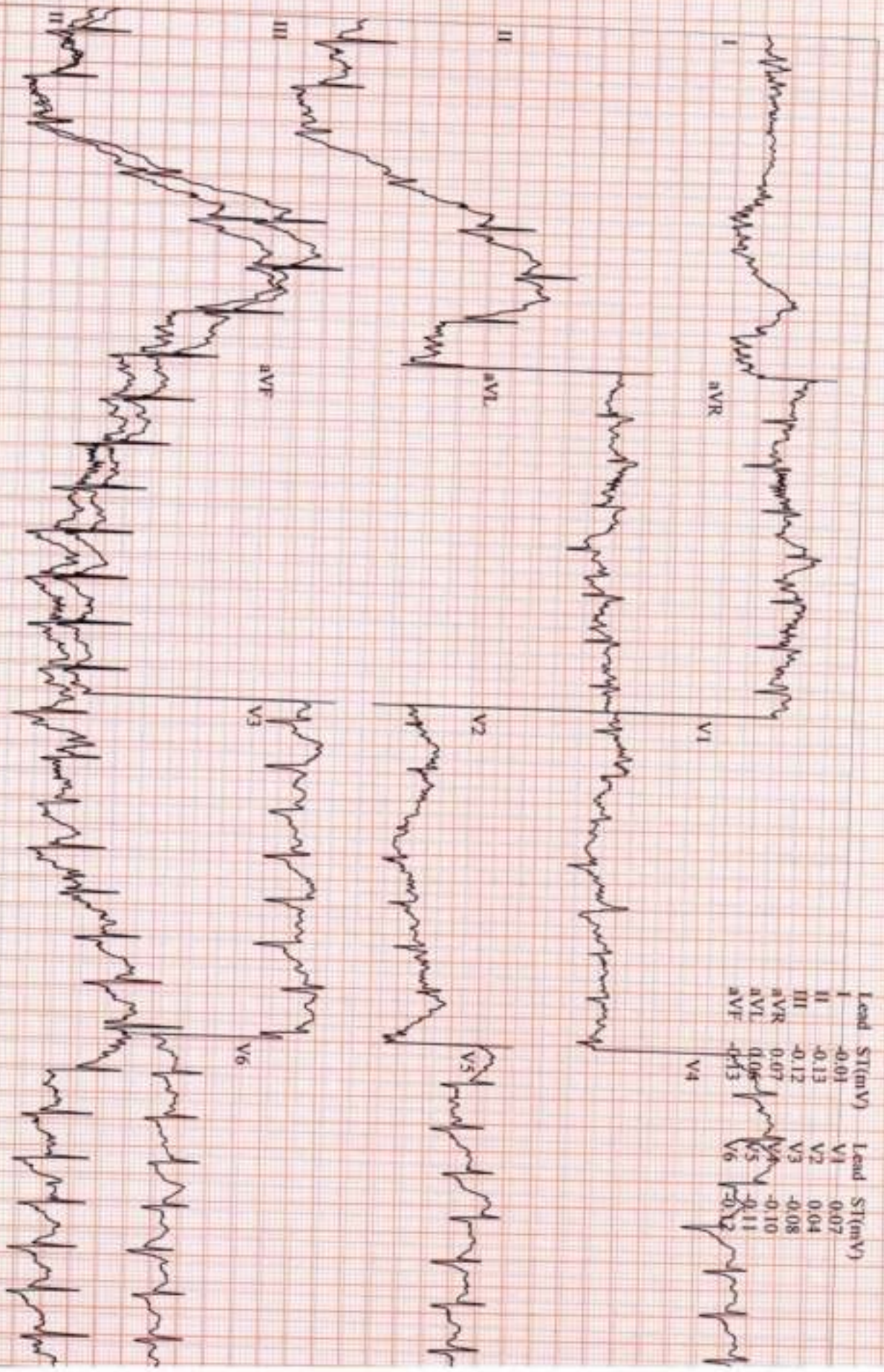
14.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.07
II	-0.13	V2	0.04
III	-0.12	V3	-0.08
aVR	0.07	V4	-0.10
aVL	0.06	V5	-0.11
aVF	-0.13	V6	-0.12



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA

Patient ID 2405000795

19.02.2024

11:02:13am

146 bpm

Linked Medications

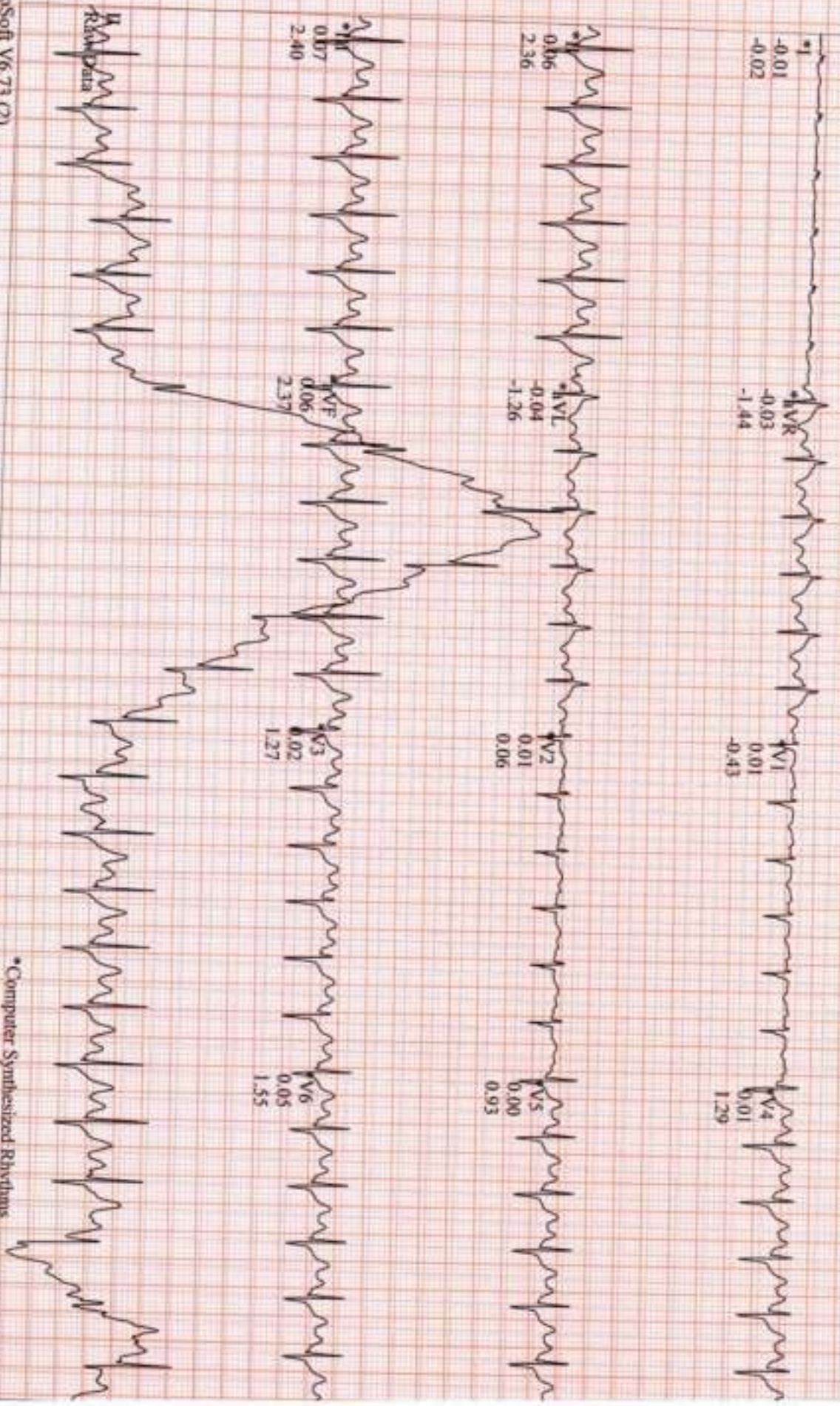
RECOVERY #1

01:00

BRUCE 0.0 mph
0.0 %

SUBURBAN DIAGNOST

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Computer Synthesized Rhythms

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA

Patient ID: 2405000795

19.02.2024

11:03:13am

Linked Medians

RECOVERY

#1

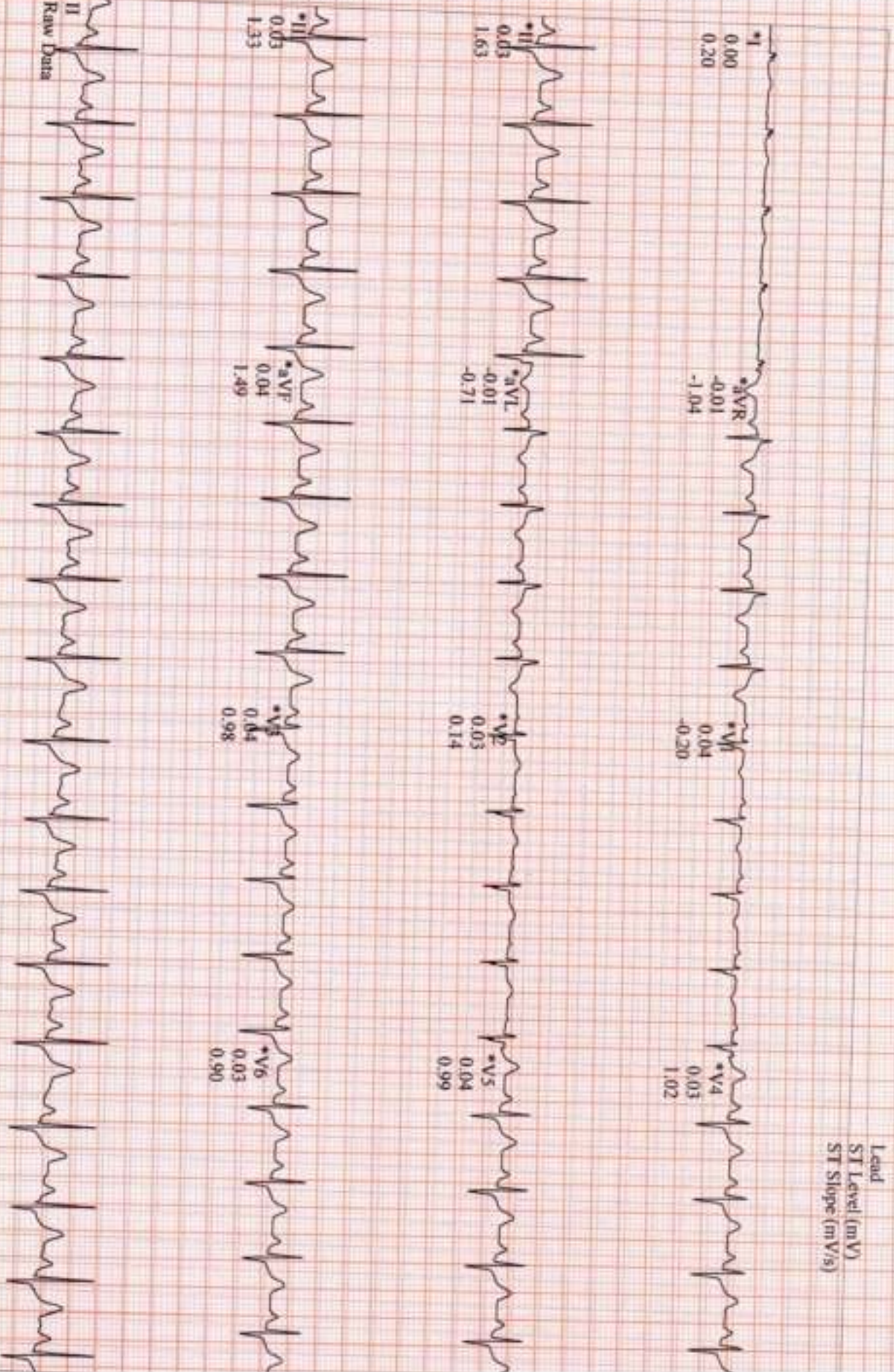
42:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI



Lead
ST Level (mV)
ST Slope (mV/s)

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 10:50:49am

JYOTI, VISHWAKARMA
Patient ID - 2405000795

19.02.2024
11:04:13am

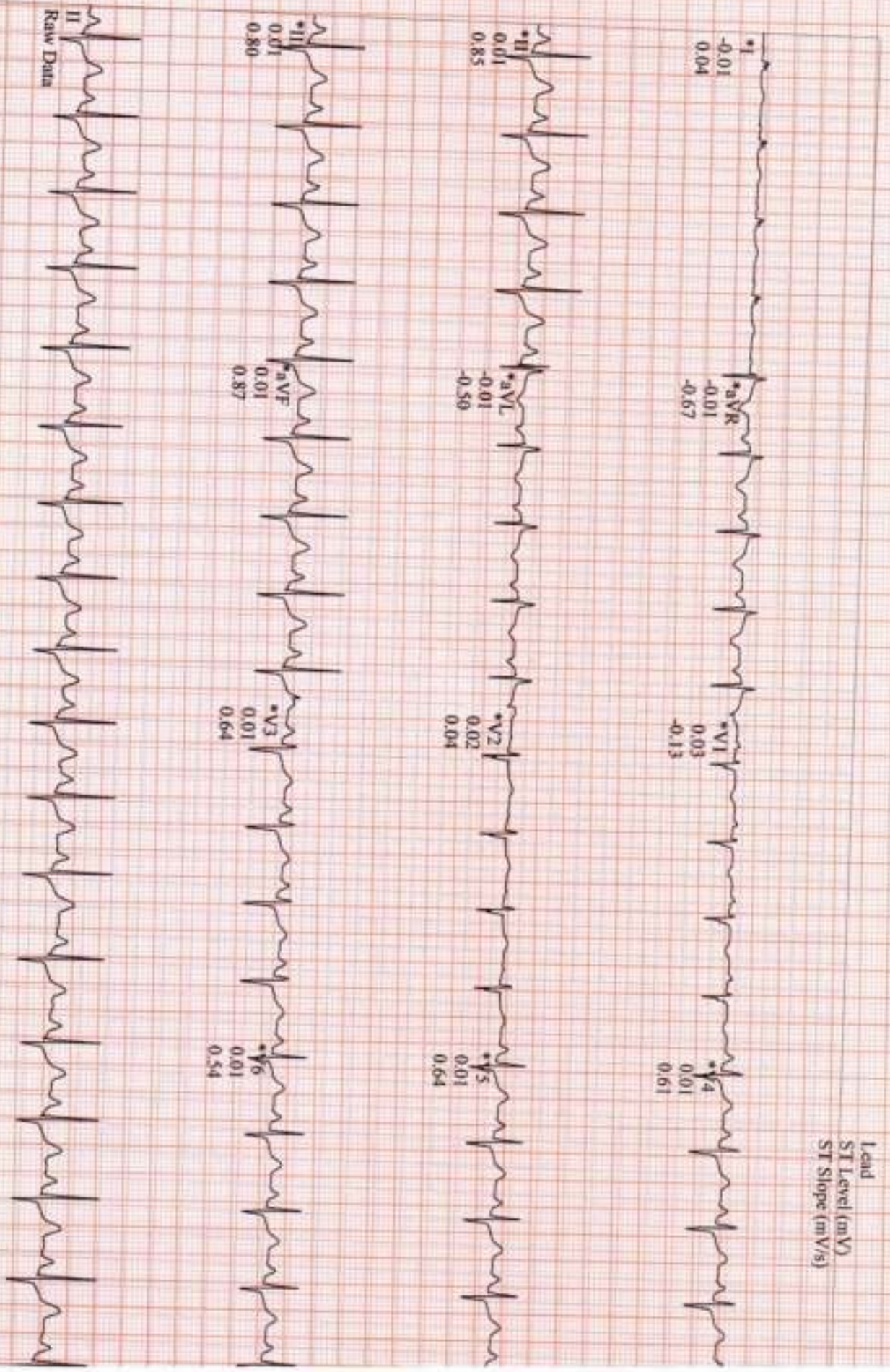
Linked Medians

106 bpm
140/80 mmHg

RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

*Computer Synthesized Rhythms

Start of Test: 10:50:49am