

Name : Mrs. RANI SAGAR BORAWAKE  
VID : 2325224708  
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Sep-2023 09:17  
Age/Gender : 32 Years  
Regn Centre : Lulla Nagar, Pune (Main Centre)

**History and Complaints:**

No

**EXAMINATION FINDINGS:**

Height (cms):160

Temp (0c): Afebrile

Blood Pressure (mm/hg):110/70

Pulse:68/min

**Systems**

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

Weight (kg):82

Skin: Normal

Nails: Healthy

Lymph Node: Not Palpable

**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                                   |
| 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 :                            | Family planning surgery 4 years back |

**PERSONAL HISTORY:**


- |            |    |
|------------|----|
| 1) Alcohol | No |
| 2) Smoking | No |

Print Date : 11-Sep-2023 08:48

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3) Diet Mixed  
4) Medication No

  
Dr. Milind Shinde  
MBBS, DNB,  
Consulting Physician,  
Diabetologist &  
Echocardiologist

All performed  
reports within  
range



Authenticity Check

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CID : 2325224708  
Name : MRS. RANI SAGAR BORAWAKE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 09-Sep-2023 / 09:28  
Reported : 09-Sep-2023 / 12:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

| PARAMETER   | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|---|---------|----------------------|--------------------|
| <b>RBC PARAMETERS</b>   |         |                      |                    |
| Haemoglobin   | 11.8    | 12.0-15.0 g/dL       | Spectrophotometric |
| RBC   | 4.47    | 3.8-4.8 mil/cmm      | Elect. Impedance   |
| PCV   | 36.4    | 36-46 %              | Calculated         |
| MCV   | 82      | 80-100 fl            | Calculated         |
| MCH   | 26.5    | 27-32 pg             | Calculated         |
| MCHC  | 32.5    | 31.5-34.5 g/dL       | Calculated         |
| RDW   | 14.7    | 11.6-14.0 %          | Calculated         |
| <b>WBC PARAMETERS</b>   |         |                      |                    |
| WBC Total Count   | 4400    | 4000-10000 /cmm      | Elect. Impedance   |
| <b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>                         |         |                      |                    |
| Lymphocytes   | 34.8    | 20-40 %              | Calculated         |
| Absolute Lymphocytes  | 1531.2  | 1000-3000 /cmm       | Calculated         |
| Monocytes   | 3.9     | 2-10 %               | Calculated         |
| Absolute Monocytes  | 171.6   | 200-1000 /cmm        | Calculated         |
| Neutrophils   | 55.4    | 40-80 %              | Calculated         |
| Absolute Neutrophils  | 2437.6  | 2000-7000 /cmm       | Calculated         |
| Eosinophils   | 5.9     | 1-6 %                | Calculated         |
| Absolute Eosinophils  | 259.6   | 20-500 /cmm          | Calculated         |
| Basophils   | 0.0     | 0.1-2 %              | Calculated         |
| Absolute Basophils  | 0.0     | 20-100 /cmm          | Calculated         |
| Immature Leukocytes   | -       |                      |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |         |                      |                    |
| <b>PLATELET PARAMETERS</b>  |         |                      |                    |
| Platelet Count  | 221000  | 150000-400000 /cmm   | Elect. Impedance   |
| MPV   | 9.5     | 6-11 fl              | Calculated         |
| PDW   | 17.5    | 11-18 %              | Calculated         |
| <b>RBC MORPHOLOGY</b>   |         |                      |                    |
| Hypochromia   | Mild    |                      |                    |
| Microcytosis  | -       |                      |                    |



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

Specimen: EDTA Whole Blood

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
 \*\*\* End Of Report \*\*\*



**Dr.KARAN MAURYA**  
 D.N.B (Path)  
 Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE  | METHOD           |
|--|---------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 81.0    | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: > / = 126 mg/dl   | Hexokinase       |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 82.0    | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: > / = 200 mg/dl | Hexokinase       |
| BILIRUBIN (TOTAL), Serum                 | 0.33    | 0.1-1.2 mg/dl   | Colorimetric     |
| BILIRUBIN (DIRECT), Serum                | 0.17    | 0-0.3 mg/dl   | Diazo            |
| BILIRUBIN (INDIRECT), Serum              | 0.16    | 0.1-1.0 mg/dl   | Calculated       |
| TOTAL PROTEINS, Serum                    | 7.0     | 6.4-8.3 g/dL  | Biuret           |
| ALBUMIN, Serum                           | 3.7     | 3.5-5.2 g/dL  | BCG              |
| GLOBULIN, Serum                          | 3.3     | 2.3-3.5 g/dL  | Calculated       |
| A/G RATIO, Serum                         | 1.1     | 1 - 2   | Calculated       |
| SGOT (AST), Serum                        | 20.0    | 5-32 U/L  | NADH (w/o P-5-P) |
| SGPT (ALT), Serum                        | 19.2    | 5-33 U/L  | NADH (w/o P-5-P) |
| GAMMA GT, Serum                          | 9.0     | 3-40 U/L  | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum              | 76.0    | 35-105 U/L  | Colorimetric     |
| BLOOD UREA, Serum                        | 17.5    | 12.8-42.8 mg/dl   | Kinetic          |
| BUN, Serum                               | 8.2     | 6-20 mg/dl  | Calculated       |
| CREATININE, Serum                        | 0.74    | 0.51-0.95 mg/dl   | Enzymatic        |



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|             |     |   |            |
|-------------|-----|---|------------|
| eGFR, Serum | 110 | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: <15 | Calculated |
|-------------|-----|---|------------|

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

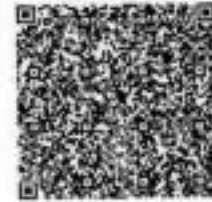
|                         |        |               |           |
|-------------------------|--------|---------------|-----------|
| URIC ACID, Serum        | 3.3    | 2.4-5.7 mg/dl | Enzymatic |
| Urine Sugar (Fasting)   | Absent | Absent        |           |
| Urine Ketones (Fasting) | Absent | Absent        |           |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Chandrakant Pawar*  
**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist

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Reported : 09-Sep-2023 / 12:19

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE  | METHOD     |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.0     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 96.8    | 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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



**Dr.KARAN MAURYA**  
D.N.B (Path)  
Pathologist



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Reported : 09-Sep-2023 / 13:47

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

| PARAMETER                      | RESULTS      | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|--------------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |              |                      |                    |
| Color                          | Yellow       | Pale Yellow          | -                  |
| Reaction (pH)                  | Acidic (5.0) | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.015        | 1.001-1.030          | Chemical Indicator |
| Transparency                   | Clear        | Clear                | -                  |
| Volume (ml)                    | 40           | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |              |                      |                    |
| Proteins                       | Absent       | Absent               | pH Indicator       |
| Glucose                        | Absent       | Absent               | GOD-POD            |
| Ketones                        | Absent       | Absent               | Legals Test        |
| Blood                          | Absent       | Absent               | Peroxidase         |
| Bilirubin                      | Absent       | Absent               | Diazonium Salt     |
| Urobilinogen                   | Normal       | Normal               | Diazonium Salt     |
| Nitrite                        | Absent       | Absent               | Griess Test        |
| <b>MICROSCOPIC EXAMINATION</b> |              |                      |                    |
| Leukocytes(Pus cells)/hpf      | 1-2          | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Absent       | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 1-2          |                      |                    |
| Casts                          | Absent       | Absent               |                    |
| Crystals                       | Absent       | Absent               |                    |
| Amorphous debris               | Absent       | Absent               |                    |
| Bacteria / hpf                 | 3-4          | Less than 20/hpf     |                    |

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3++ 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack Inert

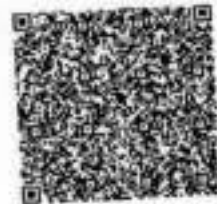
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\*\*\* End Of Report \*\*\*



*Signature*

**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist





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Reported : 09-Sep-2023 / 14:16

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

| PARAMETER | RESULTS  |
|-----------|----------|
| ABO GROUP | B        |
| Rh TYPING | Positive |

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the Isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

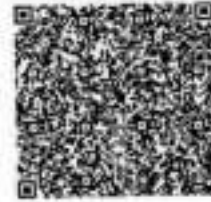
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company, Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Chandrakant Pawar*  
**Dr.CHANDRAKANT PAWAR**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 175.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 108.0   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high: >/=500 mg/dl                                    | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 40.5    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 134.5   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 113.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 21.5    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 4.3     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.8     | 0-3.5 Ratio   | Calculated                               |

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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  | 5.2            | 3.10-6.80 pmol/L  | ECLIA         |
| Note: Kindly note change in reference range and method w.e.f 12-07-2023 |                |   |               |
| Free T4, Serum  | 14.7           | 12-22 pmol/L<br>Pregnant Women (pmol/L):<br>First Trimester:12.1-19.6<br>Second Trimester:9.63-17.0<br>Third Trimester:8.39-15.6          | ECLIA         |
| Note: Kindly note change in reference range and method w.e.f 12-07-2023 |                |   |               |
| sensitiveTSH, Serum   | 1.11           | 0.270-4.20 mIU/ml<br>Pregnant Women (microIU/ml):<br>First Trimester:0.33-4.59<br>Second Trimester:0.35-4.10<br>Third Trimester:0.21-3.15 | ECLIA         |

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.

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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

| TSH  | FT4 / T4 | FT3 / T3 | Interpretation  |
|------|----------|----------|---|
| High | Normal   | Normal   | Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.   |
| High | Low      | Low      | Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. |
| Low  | High     | High     | Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)   |
| Low  | Normal   | Normal   | Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.   |
| Low  | Low      | Low      | Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hyperthyroidism.   |
| High | High     | High     | Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.   |

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:**19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid , TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

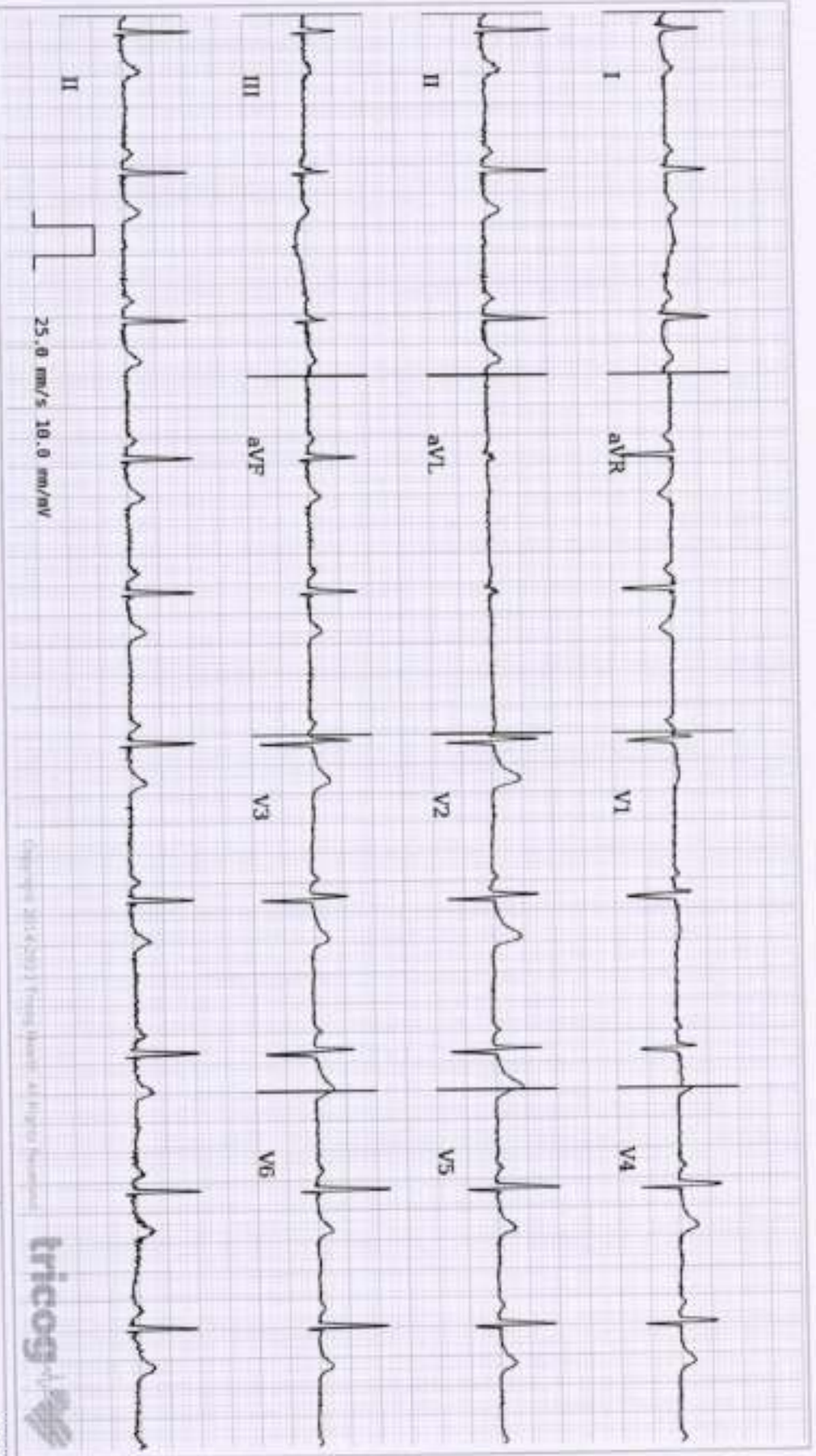
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\*\*\* End Of Report \*\*\*



  
**Dr.KARAN MAURYA**  
D.N.B (Path)  
Pathologist

Patient Name: RANI SAGAR BORAWAKE  
Patient ID: 2325224708

**SUBURBAN DIAGNOSTICS - LILLANAGAR, PUNE**  
Date and Time: 9th Sep 23 9:48 AM



Age **32** **2** **21**  
years months days

Gender **Male**

Heart Rate **63bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 66ms

QT: 388ms

QTcB: 377ms

PR: 148ms

P-R-T: 46° 50° 59°

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

Disclaimer: (\*) Analysis in this report is based on ECG strip and should be read in conjunction with clinical history, symptoms, and results of other sensitive and specific tests and must be interpreted by a qualified physician. (\*\*) Report valid only as stated by the physician and not certified from the ECG.



Dr. Milind Shinde  
MD, DNB Medicine  
2019051344

REPORTED BY



CID : 2325224708  
Name : Mr RANI SAGAR BORAWAKE  
Age / Sex : 32 Years/Male  
Ref. Dr :  
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 09-Sep-2023  
Reported : 09-Sept-2023 / 9:58

Use a QR Code Scanner  
Application To Scan the Code

**USG (ABDOMEN + PELVIS)**

**LIVER** : The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

**GALL BLADDER** : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

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

**KIDNEYS** : Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

**SPLEEN** : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

**UBINARY BLADDER** : The urinary bladder is partially distended.

**UTERUS** : The uterus is anteverted and appears grossly normal.

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

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

**IMPRESSION :**

➤ No significant abnormality seen.

*Advice - Clinical and lab correlation.*

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

**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

Page no 1 of 1

Authenticity Check  
<<QRCode>>

CID : 2325224708  
Name : Mr RANI SAGAR BORAWAKE  
Age / Sex : 32 Years/Male  
Ref. Dr :  
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 09-Sep-2023  
Reported : 09-Sept-2023 / 9:39

Use a QR Code Scanner  
Application To Scan the Code

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

### IMPRESSION:

**No significant abnormality is detected.**

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



**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

[Click here to view images <<ImageLink>>](#)

Page no 1 of 1

## Suburban Diagnostics Lullanagar

**Name: RANI SAGAR BORAWAKE** Date: 09-09-2023 Time: 10:20

Age: 32      Gender: F      Height: 160 cms      Weight: 82 Kg      ID: 2325224708

Clinical History: NO

Medications: NO

### Test Details:

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

Exercise Time: 0:08:08      Achieved Max HR: 160 (85% of Pr. MHR)

Max BP: 126/78      Max BP x HR: 20160      Max Mets: 9.1

Test Termination Criteria:

### Protocol Details:

| Stage Name       | Stage Time | METS | Speed<br>kmph | Grade<br>% | Heart Rate<br>bpm | BP<br>mmHg | RPP   | Max ST Level<br>mm | Max ST Slope<br>mV/s |
|------------------|------------|------|---------------|------------|-------------------|------------|-------|--------------------|----------------------|
| Supine           | 00:18      | 1    | 0             | 0          | 88                | 110/70     | 9680  | 1.3 V2             | 0.4 V2               |
| Standing         | 00:12      | 1    | 0             | 0          | 93                | 110/70     | 10250 | 1.1 V2             | 0.5 V2               |
| HyperVentilation | 00:06      | 1    | 0             | 0          | 94                | 110/70     | 10340 | 1.1 V2             | 0.4 V2               |
| PreTest          | 00:08      | 1    | 1.6           | 0          | 85                | 110/70     | 9350  | 1.3 V2             | 0.5 V2               |
| Stage: 1         | 03:00      | 4.7  | 2.7           | 10         | 122               | 110/70     | 13420 | -1.1 II            | 0.6 V2               |
| Stage: 2         | 03:00      | 7    | 4             | 12         | 142               | 126/78     | 17892 | 1 V4               | 1.1 V2               |
| Peak Exercise    | 02:08      | 9.1  | 5.5           | 14         | 160               | 126/78     | 20160 | -1.7 II            | 0.6 V2               |
| Recovery1        | 01:00      | 1    | 0             | 0          | 121               | 126/78     | 15246 | -3.5 V1            | 2.2 V3               |
| Recovery2        | 01:00      | 1    | 0             | 0          | 104               | 118/74     | 12272 | 1 V3               | 1.2 II               |
| Recovery3        | 01:00      | 1    | 0             | 0          | 90                | 110/70     | 10800 | 1.5 II             | 1.1 II               |
| Recovery4        | 01:00      | 1    | 0             | 0          | 92                | 110/70     | 10120 | 0.5 V2             | 0.6 II               |
| Recovery5        | 00:17      | 1    | 0             | 0          | 79                | 110/70     | 8690  | 1.1 V1             | 0.6 II               |

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:08 achieving a work level of 9.1 METS.

Resting Heart Rate, initially 88 bpm rose to a max. heart rate of 160bpm (85% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 110/70 mmHg. rose to a maximum Blood Pressure of 126/78 mmHg

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnoea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia .

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

  
Doctor: MILIND SHINDE

**SCHILLER**

The Art of Diagnostics

( Summary Report edited by User )  
Spandan CS-10 Version:3.3.0

Dr. MILIND SHINDE  
MBBS, DNB Medicine  
Reg. No. 2011/06/1544



# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708

STLead(mn) STSlope(mV/s)

Stage: Supine Date: 09-09-2023  
Speed: 0 kmph

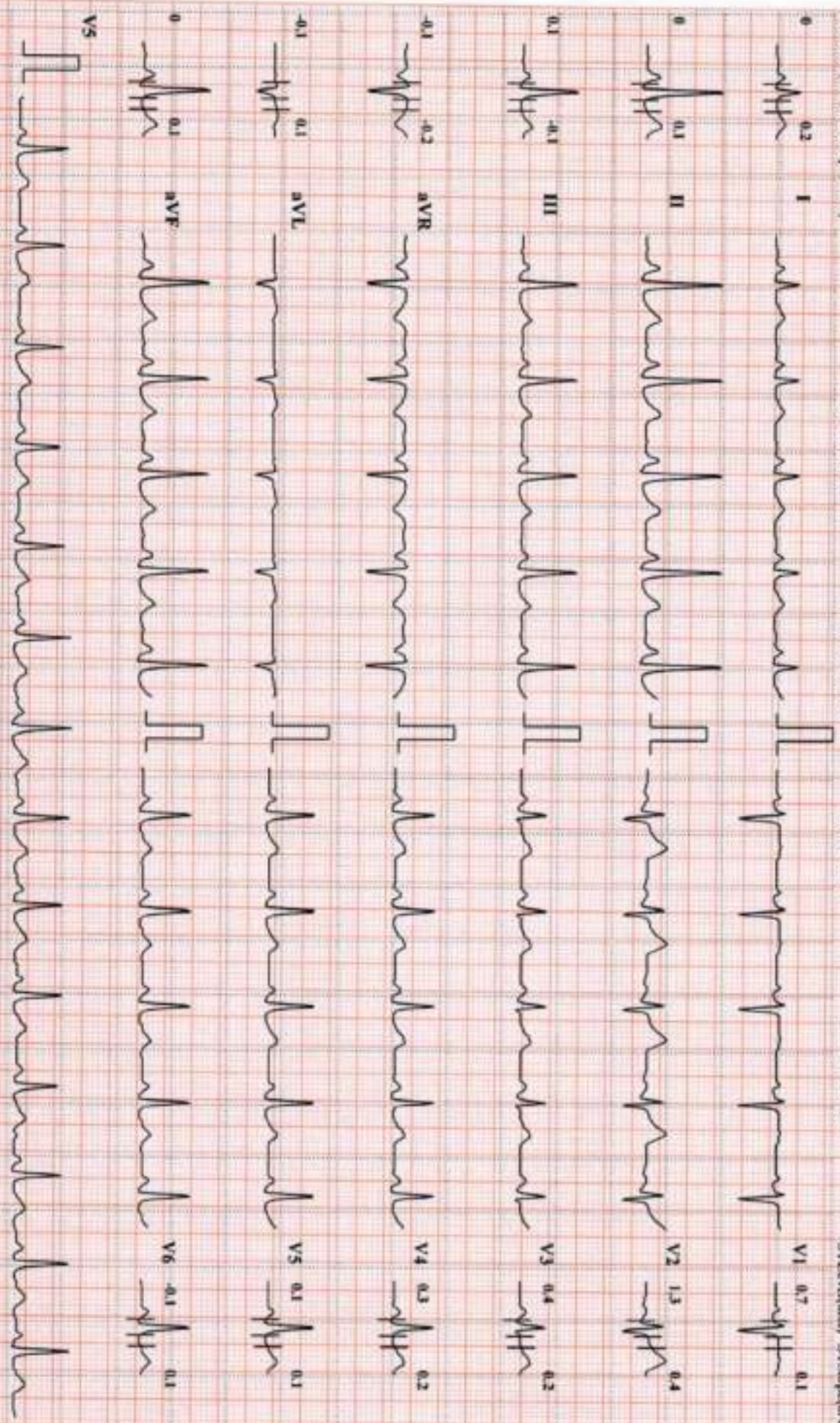
Exec Time : 0:00:00  
Grade: 0%

Stage Time: 00:18  
THR: 159 bpm

**HR: 88 bpm**

BP: 110/70 mmHg

STLead(mn) STSlope(mV/s)



# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

ID: 2325224708

Date: 09/09/2023

Exec Time: 0:00:00

Stage Time: 00:12

**HR: 93 bpm**

BP: 110/70 mmHg

STLevd(mm) STSlope(V/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

STLevd(mm) STSlope(V/s)

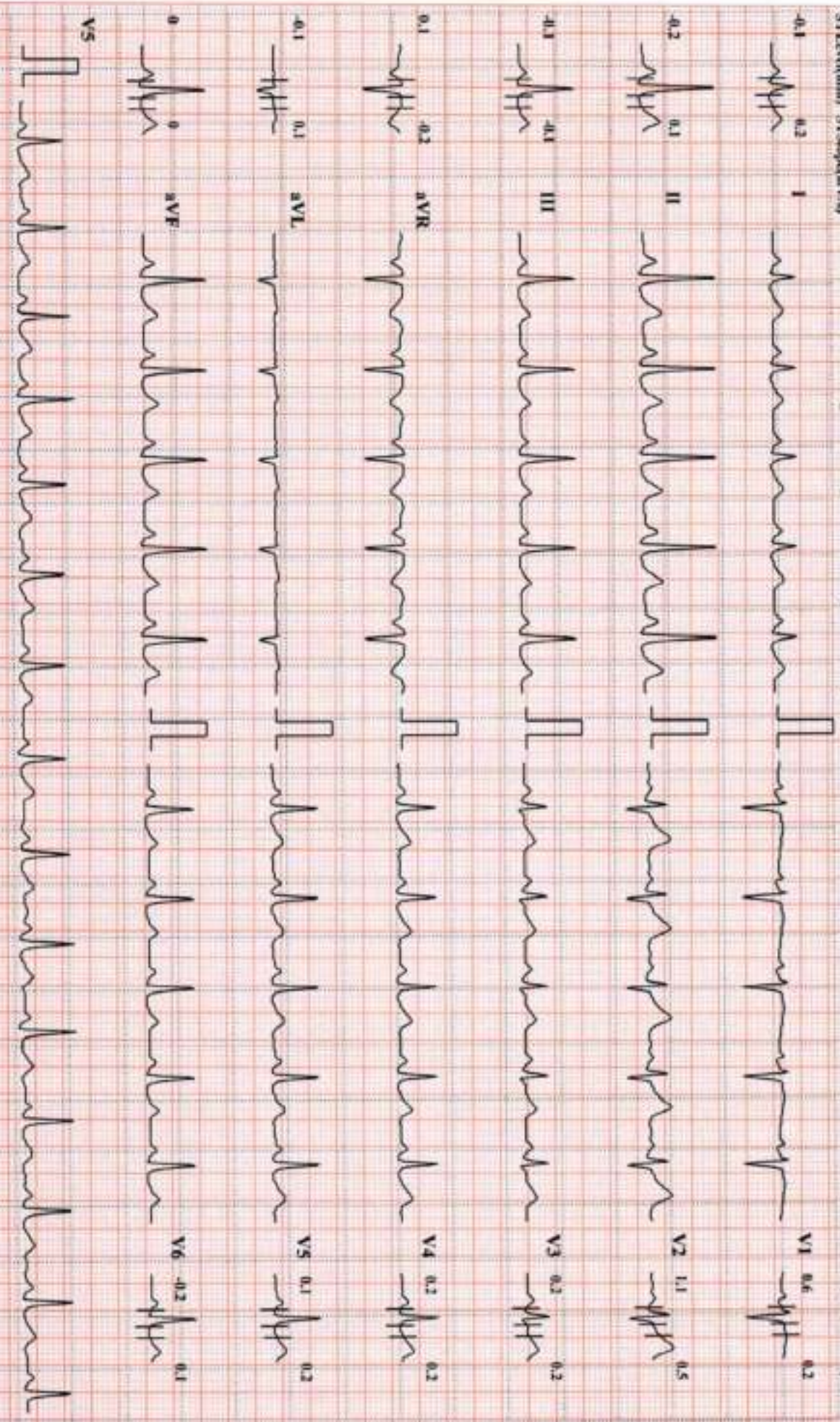


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 35 Hz    Male's Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 30 ms    Schulter Spandan CS-10 Version 3.3    Linked Median

# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708

Date: 09-09-2023

Exec Time: 0:00:00

Stage Time: 00:06

**HR: 94 bpm**

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation Speed: 0 kmph

Grade: 0%

THR: 159 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

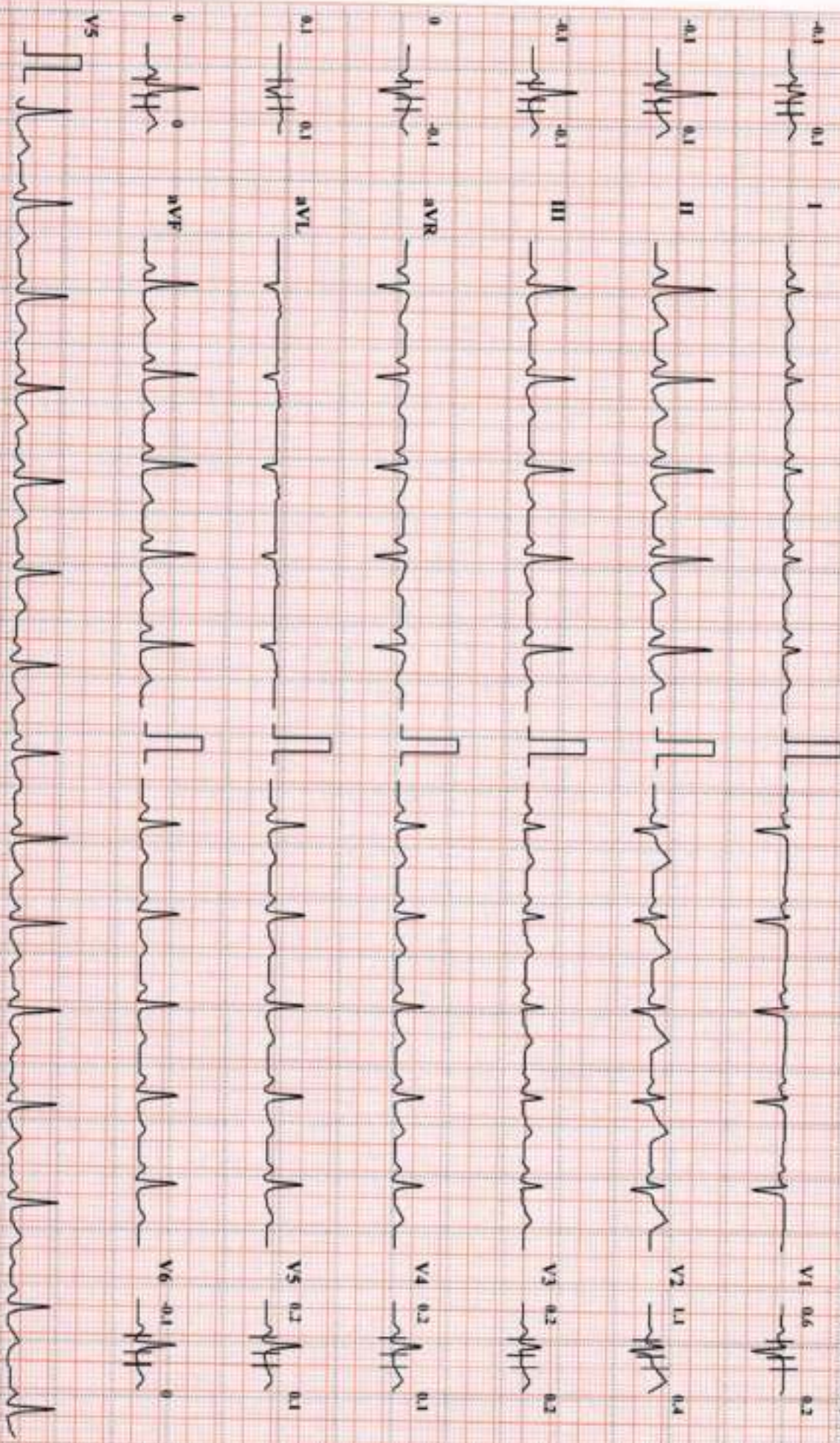


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz, Main Filter ON

ISO = R, -60 ms, J = R, +60 ms, Post J = J + 80 ms

Schiller Spandor CS-10 Version: 3.3

Linked Median

# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708  
Stage: PreTest

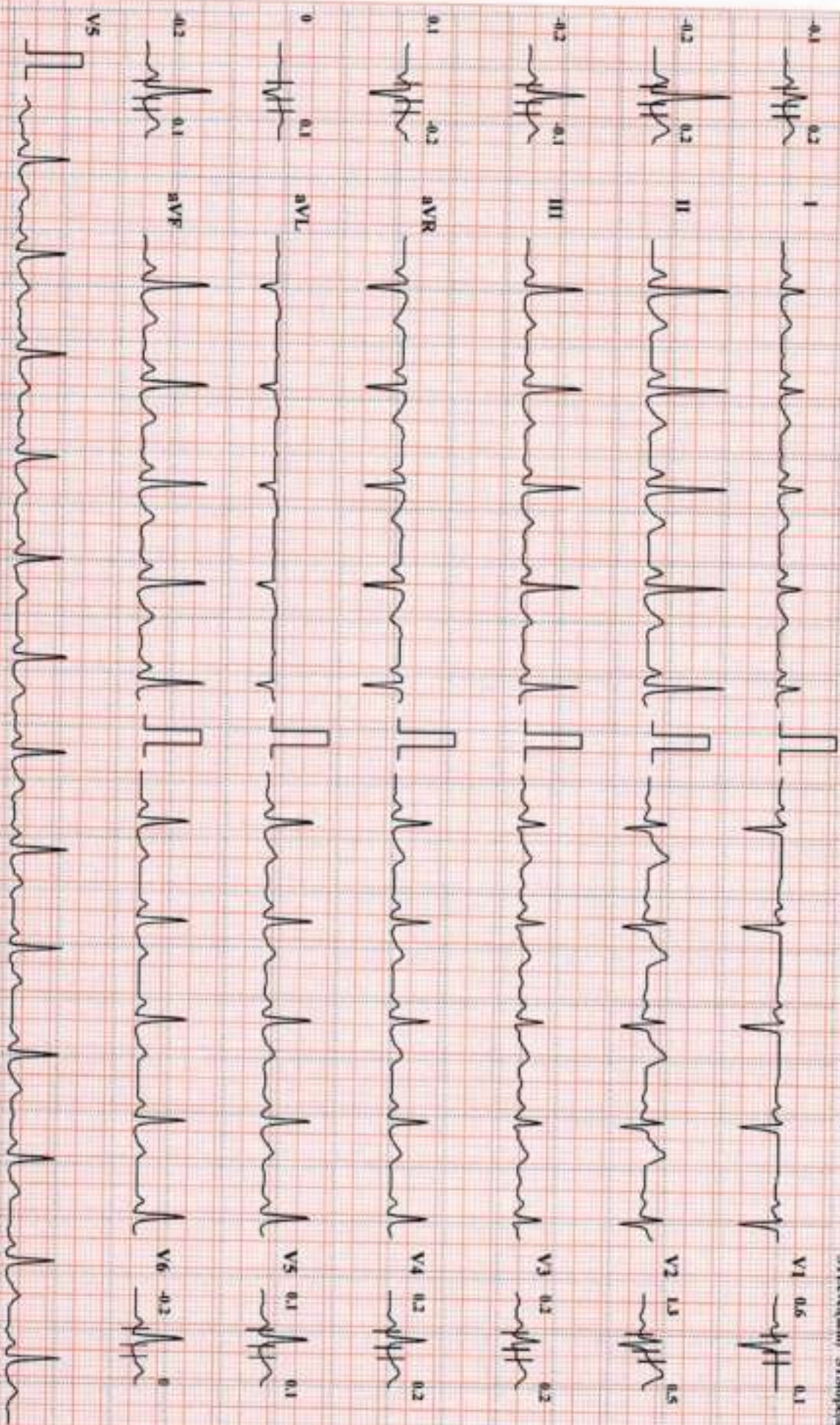
Date: 09-09-2023  
Speed: 1.6 kmph

Exec Time : 0:00:00  
Grade: 0%

Stage Time: 03:08  
THR: 159 bpm

**HR: 85 bpm**

BP: 110/70 mmHg  
STLevel(mm) STSlope(mV/s)



Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2375224708

STLevel(mv) STStop(mV%)

Stage: 1

Date: 09-09-2023

Speed: 2.7 kmph

Exec Time : 0:03:00

Grade: 10%

Stage Time: 03:00

THR: 159 bpm

**HR: 122 bpm**

BP: 110/70 mmHg

STLevel(mv) STStop(mV%)

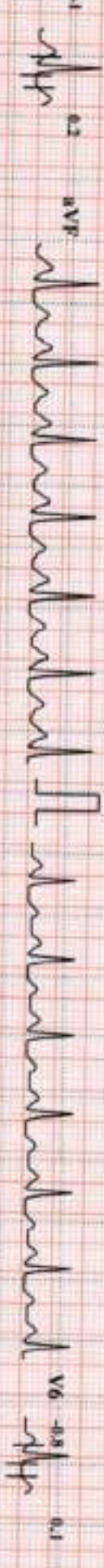
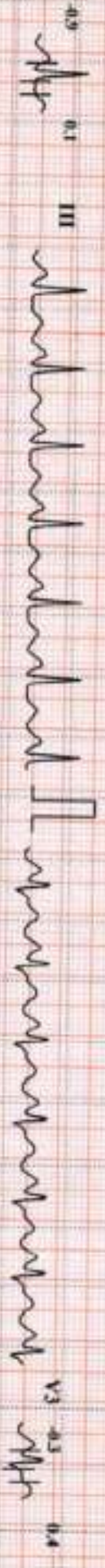


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 60 mm, I - R + 60 mm, Post I - J + 80 mm

Schiller Spacelab CS-10 Version 3.3

Linked Median

**Suburban Diagnostics Lullanagar**

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708

ST1 Level (mm) ST Slope (mV/s) Stage: 2

Date: 09-09-2023

Speed: 4 kmph

Exec Time: 0:06:00

Grade: 12%

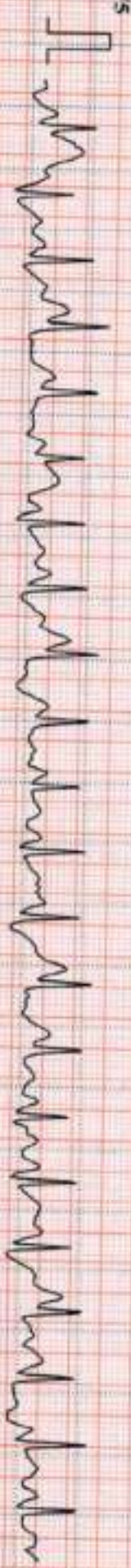
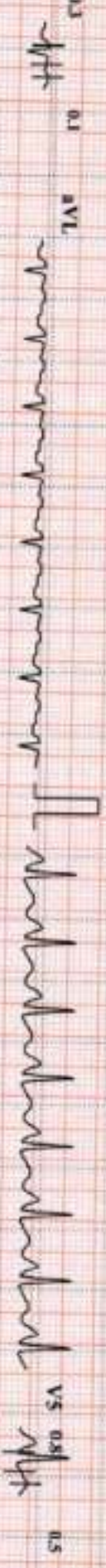
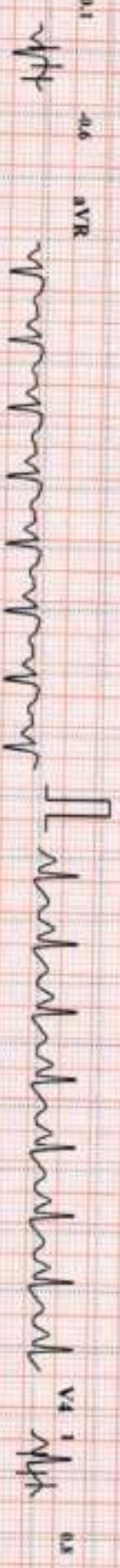
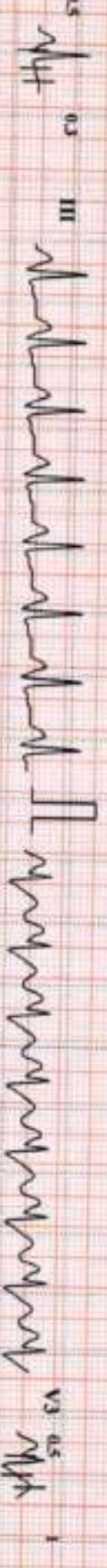
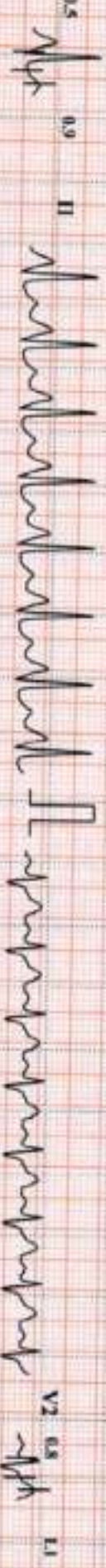
Stage Time: 03:00

THR: 159 bpm

**HR: 142 bpm**

BP: 126/78 mmHg

ST1 Level (mm) ST Slope (mV/s)



# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Brace Protocol ID: 2325224708

ST1 (e)(m) ST Slope (mV/s)

Stage: Peak Exercise

Date: 09-09-2023

Speed: 5.5 kmph

Exec Time: 0:08:08

Grade: 14%

Stage Time: 02:08

HR: 160 bpm

BP: 126/78 mmHg

ST1 (e)(m) ST Slope (mV/s)

-0.3 0.1 1



V1 -0.4 0.3

-1.9 0.4 II



V2 -0.2 0.6

-1.5 0.2 III



V3 -1.1 0.7

0.7 0.2 aVR



V4 -1.9 0.5

0.5 0.1 aVL



V5 -1.9 0.4

-1.7 0.2 aVF



V6 -0.9 0.1

V5



# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Brace Protocol ID: 2325224708  
STLead(IaM) STSlope(aV<sub>9</sub>) Stage: Recovery 1

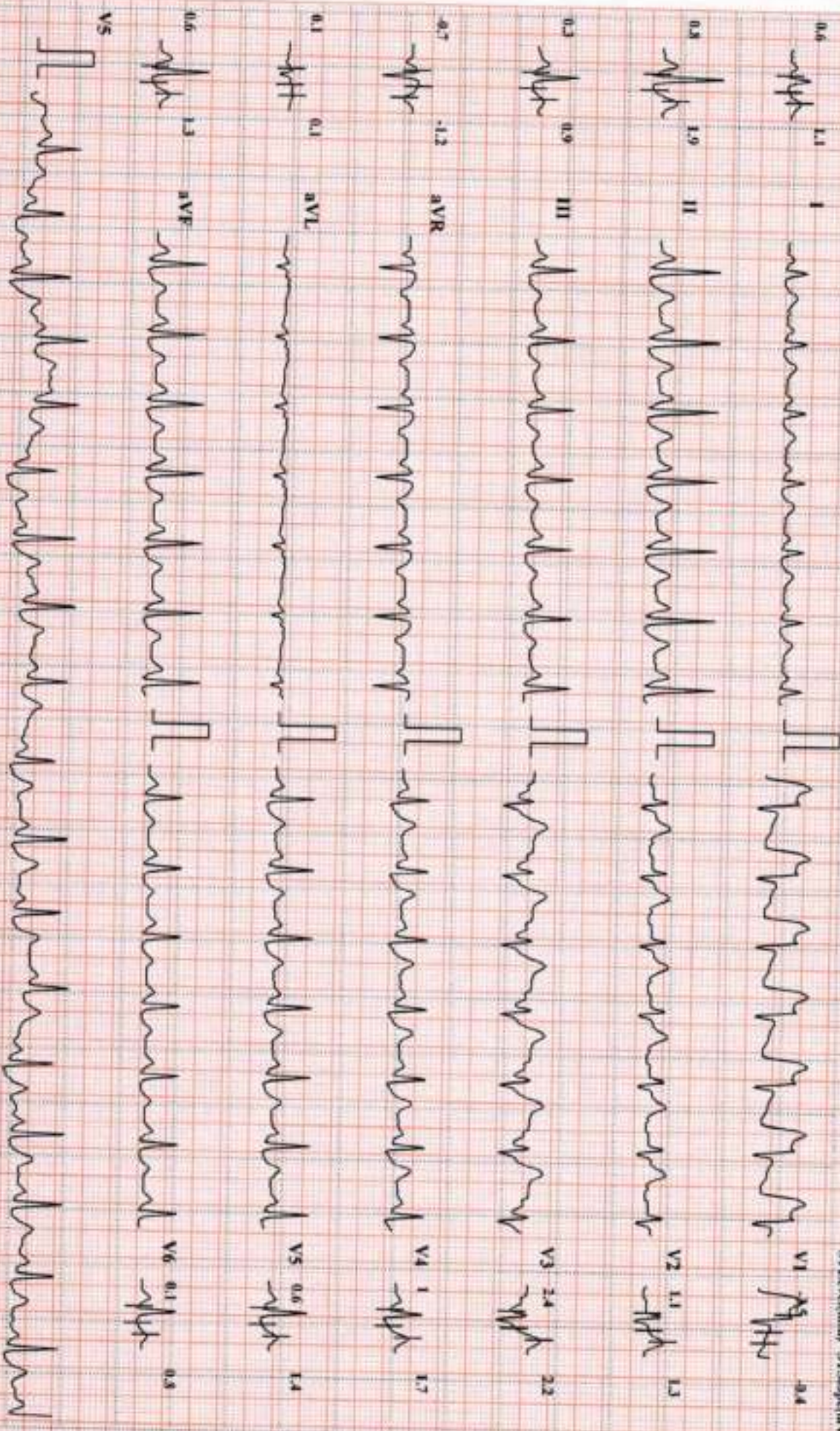
Date: 09-09-2023  
Speed: 0 kmph

Exec Time: 0:09:08  
Grade: 0%

Stage Time: 01:00  
THR: 159 bpm

**HR: 121 bpm**

BP: 126/78 mmHg  
STLead(IaM) STSlope(aV<sub>9</sub>)





**RANI SAGAR BORAWAKE (32 F)**

**Suburban Diagnostics Lullanagar**

Bruce Protocol

ID: 2375224708

Date: 09-09-2023

Exec Time: 0:10:08

Stage Time: 01:00

**HR: 104 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

BP: 118/74 mmHg

STLevel(mm) STSlope(mV/s)

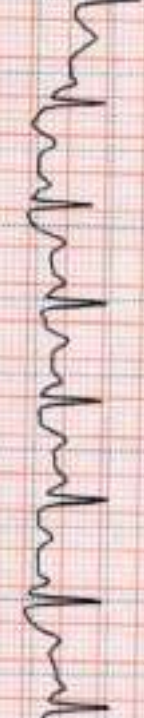
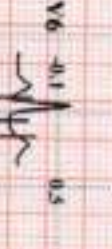
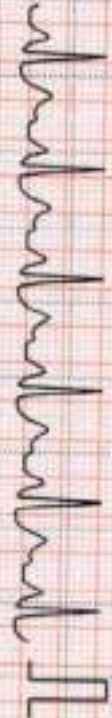
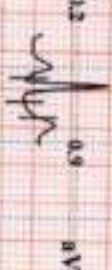
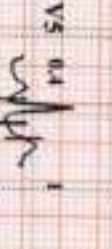
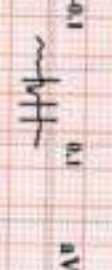
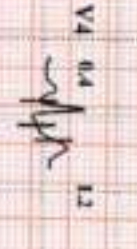
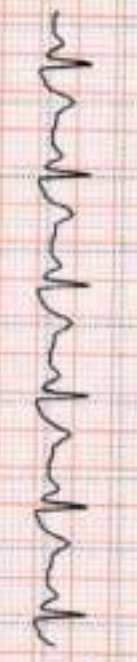
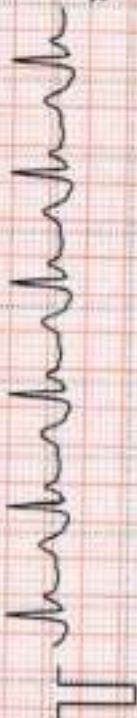
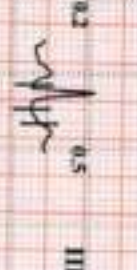
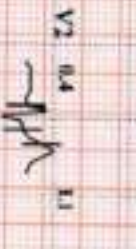
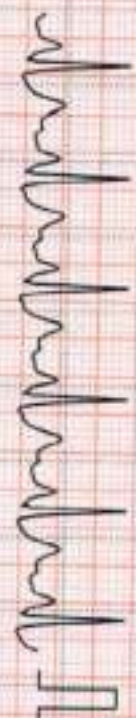
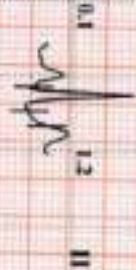
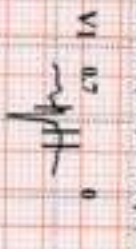
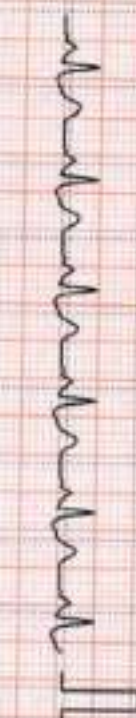
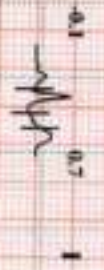


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter ON

SSD = R - 40 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spacelab CS-10 Version: 3.3

Linked Median

# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708

STLevel(mV) STSlope(mV/s)

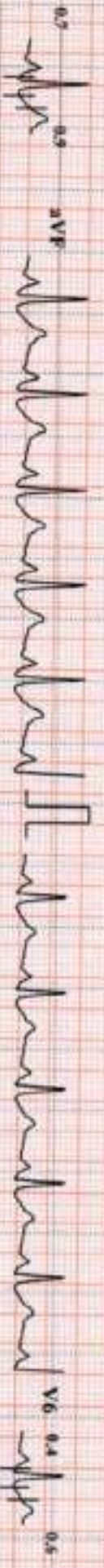
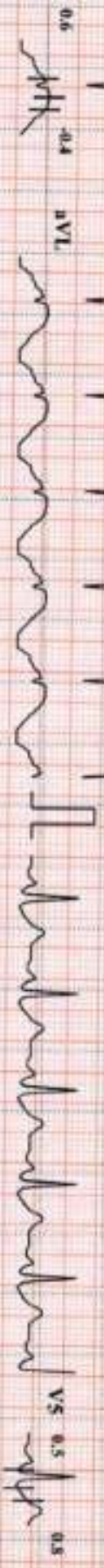
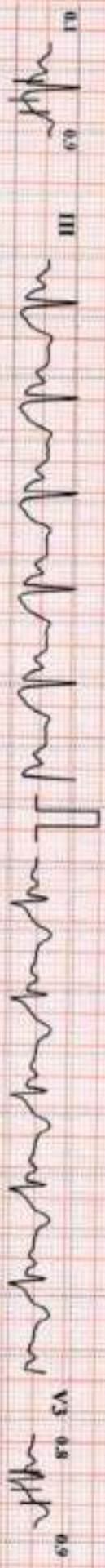
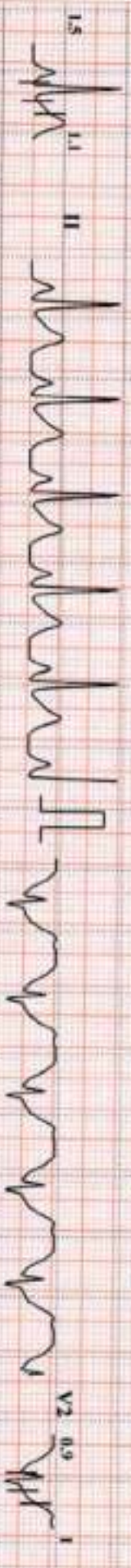
Date: 09-09-2023  
Stage: Recovery/3  
Speed: 0 kmph

Exec Time : 0:11:08  
Grade: 0%  
Stage Time: 01:00  
THR: 159 bpm

**HR: 99 bpm**

BP: 110/70 mmHg

STLevel(mV) STSlope(mV/s)



**RANI SAGAR BORAWAKE (32 F)**

**Suburbun Diagnostics Lullanagar**

Bruce Protocol

ID: 2025224708

Date: 09-09-2023

Exec Time: 0:12:08

Stage Time: 01:00

**HR: 92 bpm**

STLead(m) STSlope(mV/s)

Stage: Recovery<sup>4</sup>

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

BP: 110/70 mmHg  
STLead(m) STSlope(mV/s)

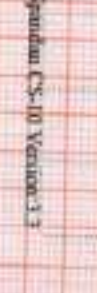
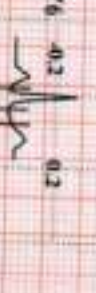
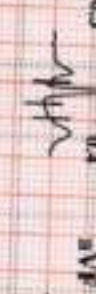
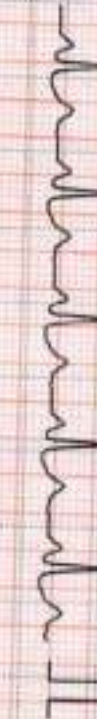
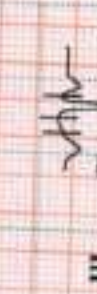
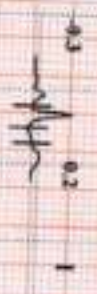


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 35 Hz    Main Filter: ON    ISO = R = 60 ms, J = R = 60 ms, Post J = J = 30 ms    Linked Median

# Suburban Diagnostics Lullanagar

**RANI SAGAR BORAWAKE (32 F)**

Bruce Protocol ID: 2325224708

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

Stage: Recovery: 5

Date: 09-09-2023

Speed: 0 kmph

Exec Time: 0:12:25

Grade: 0%

Stage Time: 00:17

THR: 159 bpm

**HR: 79 bpm**

BP: 110/70 mmHg

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

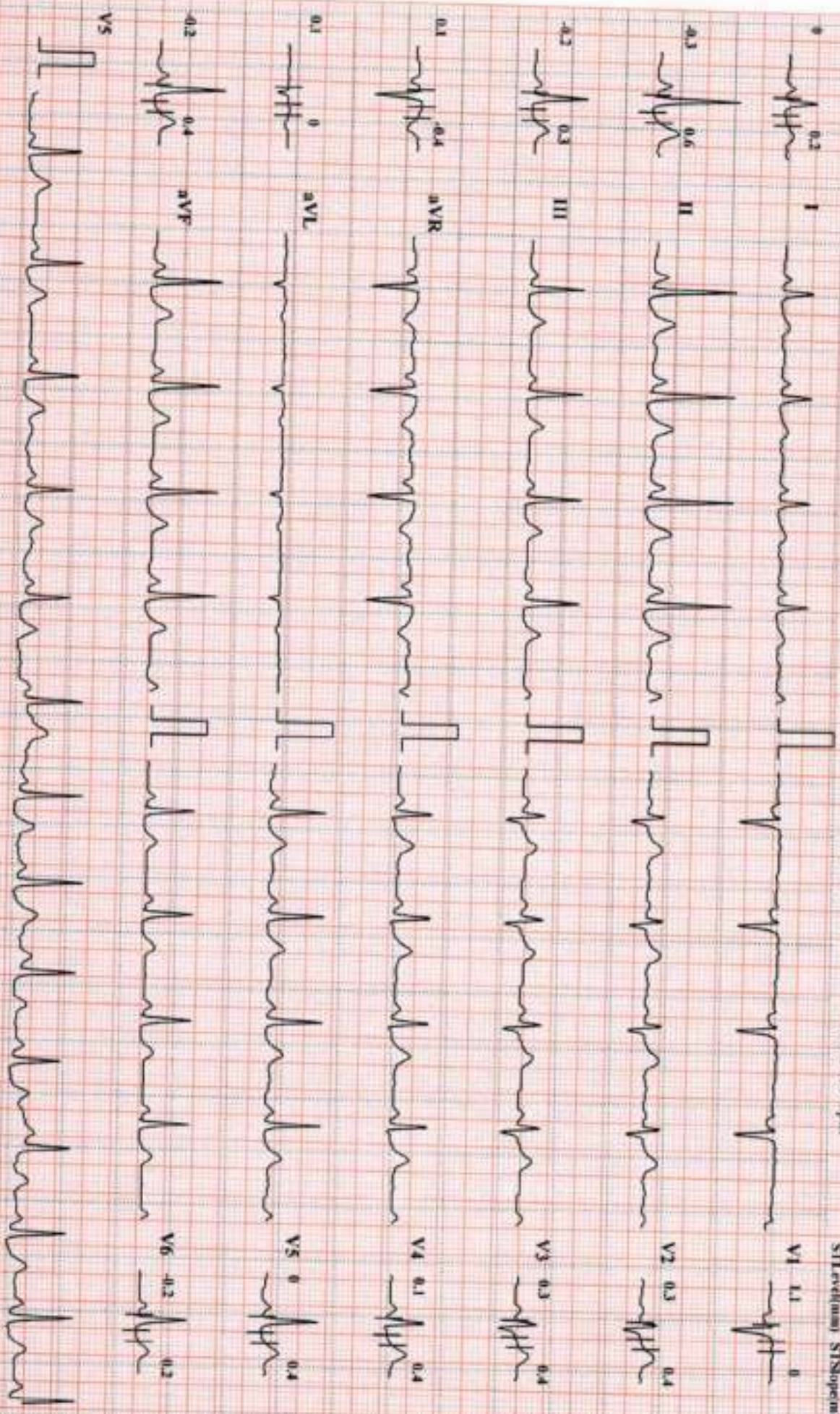


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 60 ms, I + R + 50 ms, Post P - I + 80 ms

Linked Medium

Suburban Diagnostics CS-10 Version: 3.1