



CID : 2331802235
Name : MRS.UMA TEJAVATH
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Nov-2023 / 08:52
Reported : 14-Nov-2023 / 12:53

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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	10.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.79	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.0	36-46 %	Measured
MCV	71.1	80-100 fl	Calculated
MCH	22.4	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7320	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.1	20-40 %	
Absolute Lymphocytes	2642.5	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	534.4	200-1000 /cmm	Calculated
Neutrophils	55.5	40-80 %	
Absolute Neutrophils	4062.6	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	80.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	253000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	19.6	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
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 6 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 29 Years / Female
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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Nov-2023 / 08:52
Reported : 14-Nov-2023 / 15:06

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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	92.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.71	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	15.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.1	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	113.7	35-105 U/L	PNPP
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.41	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	136	(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 w.e.f 16-08-2023

URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***



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Pathologist



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Collected : 14-Nov-2023 / 08:52
Reported : 14-Nov-2023 / 13:42

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

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

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

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

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*** End Of Report ***



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Reported : 14-Nov-2023 / 15:11

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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	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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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.

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	55.5	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	51.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	76.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	65.0	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	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** 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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.4	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	2.81	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Reg. Location : Thane Kasarvadavali (Main Centre)

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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 ***



J. Mujawar

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M.D (Path)
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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



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Permanent Account Number Card
AFPPU5743L



नाम / Name

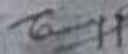
TEJAVATH UMA

पिता का नाम / Father's Name

BANOTH SAMYA

जन्म का तिथि / Date of Birth

21/04/1994


हस्ताक्षर / Signature

44302





Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Uma Tejavath
don't want to performed the following tests:

- 1) Stool - R
- 2) PP Sample
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2331802235 / 14.11.23

Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Ltd.

Thanking you.



Yours sincerely,



(Mr/Mrs/Ms. Uma Tejavath)

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs Uma Tejavath	Sex/Age	Female / 29 yrs.
Date	14.11.23	Location	KASARVADAVALI

History and Complaints

H/O ~~HT~~ Low BP
Hospitalized 5 days back.

EXAMINATION FINDINGS:

Height	152	Temp (0c):	Normal
Weight	35	Skin:	Normal
Blood Pressure	80/60	Nails:	Normal
Pulse	76/min	Lymph Node:	Normal

Systems :

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

Impression:

1) Underweight 2) (6) 3) S Rck OROS ↑

ADVICE :

to be follow up with Primary Physician

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

CHIEF COMPLAINTS :

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	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 symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	C-Section in 29 June - 2021

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Non-Veg
4)	Medication	Nil



DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

Date : 14.11.23

CID : 2331802235

Name : Mrs. Uma Tejavath

Sex/Age : Female / 29 yrs

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision : Rt - 6/6 , NG

Lt - 6/6 , NG

Aided Vision : -

Refraction : -

Colour Vision : Normal

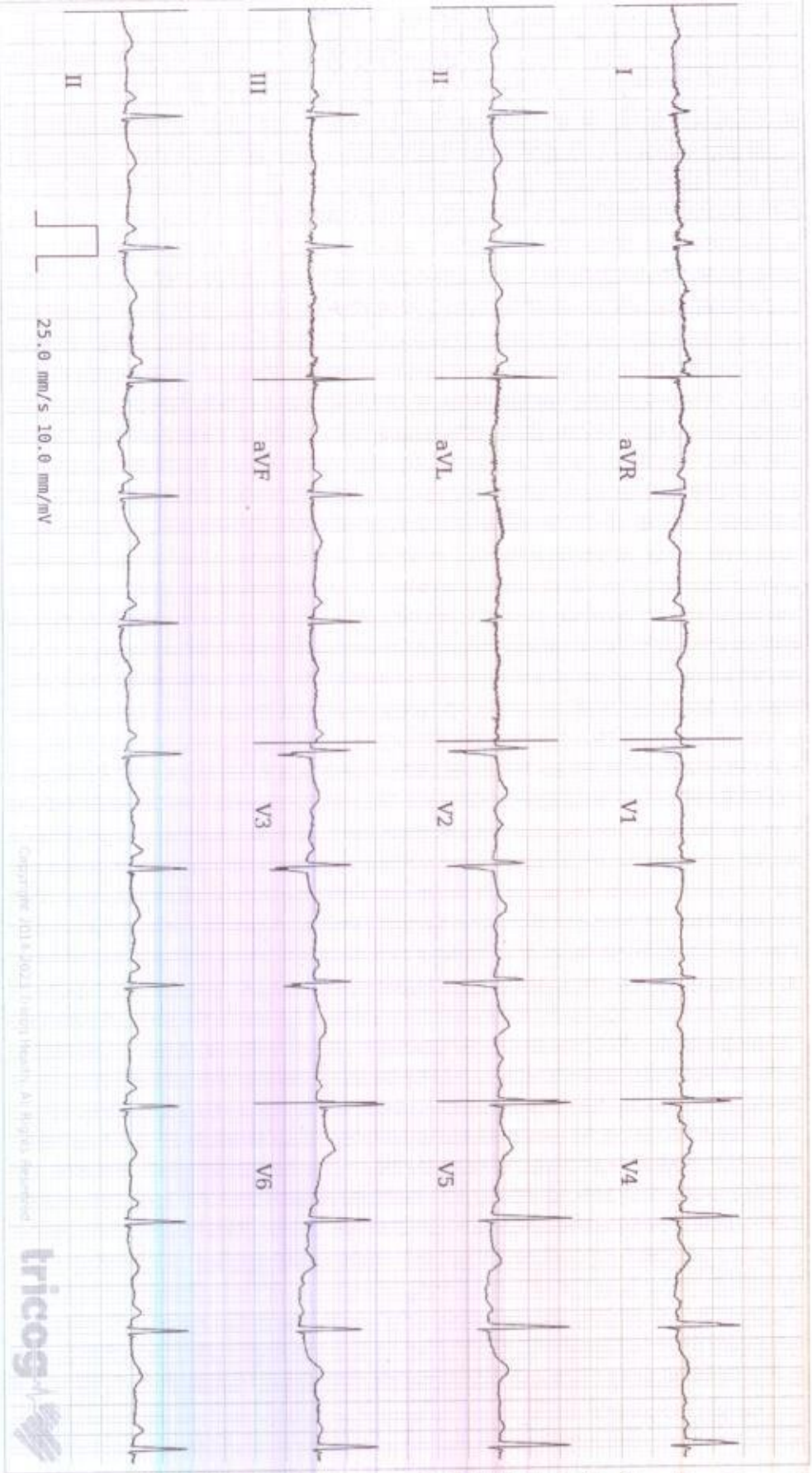
Remarks : -



SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI

Patient Name: **UMA TELARATH**
Patient ID: **2331802235**

Date and Time: **14th Nov 23 9:26 AM**



Age **29** NA NA
years months days

Gender **Female**

Heart Rate **75bpm**

Patient Vitals

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

Measurements

QRSD: 78ms
QT: 432ms
QTcB: 482ms
PR: 132ms
P-R-T: 63° 75° 45°

ECG Within Normal Limits: Sinus Rhythm, Borderline prolonged QT Interval. Baseline artefacts. Otherwise. Please correlate clinically.

REPORTED BY

Dr. Anand N. Mohanram
MD (General Medicine)
Reg No. 39329 M.M.C



Disclaimer: This analysis report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and signs of other invasive and non-invasive tests and must be interpreted by a qualified physician. This report is not intended to be a substitute for a physical examination and should not be used for medical decisions.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 14-Nov-23
Name: MRS. UMA TEJAVATH ID: 2331802235
Age: 29 y
Clinical History: NIL

Time: 11:04:58 AM

Height: 152 cms

Weight: 35 Kgs

Medications: NIL

Test Details

Protocol: Bruce
Total Exec. Time: 3 m 53 s
Max. BP: 110 / 60 mmHg
Test Termination Criteria: FATIGUE

Pr.MHR: 191 bpm
Max. HR: 126 (66% of Pr.MHR)bpm
Max. BP x HR: 13860 mmHg/min

THR: 162 (85 % of Pr.MHR) bpm
Max. Mets: 7.00
Min. BP x HR: 4440 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 22	1.0	0	0	90	80 / 60	-2.76 II	-0.71 II
Standing	0 : 11	1.0	0	0	79	80 / 60	-0.42 aVF	0.35 II
Hyperventilation	0 : 24	1.0	0	0	79	80 / 60	-0.42 V4	0.35 II
1	3 : 0	4.6	1.7	10	117	90 / 60	-2.97 II	-4.95 I
Peak Ex	0 : 53	7.0	2.5	12	126	110 / 60	-1.91 aVR	1.77 V3
Recovery(1)	1 : 0	1.8	1	0	97	110 / 60	-1.91 aVR	2.12 V6
Recovery(2)	1 : 0	1.0	0	0	74	110 / 60	-1.27 V4	1.42 V3
Recovery(3)	1 : 0	1.0	0	0	75	100 / 60	-1.27 V4	0.71 V3
Recovery(4)	0 : 21	1.0	0	0	75	100 / 60	-1.06 V4	1.42 I

Interpretation

FAIR EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ARRHYTHMIAS
 NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS
 BASELINE ECG SHOWS ST-T CHANGES IN LATERAL WALL LEADS
 NONSIGNIFICANT ST CHANGES FROM BASELINE SEEN IN LEAD V4 DURING THE LATE RECOVERY OF THE TEST

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

Ref. Doctor: CORPORATE
 (Summary Report edited by user)

Doctor: Dr. Anand Motwani
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

Anand
DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 39329 (M.M.C.)





MRS. UMA TEJAVATH (29 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2331602235

Test Report

Protocol: Bruce

Stage: Supine

Date: 14-Nov-23

Exec Time : 0 m 0 s

Stage Time : 0 m 16 s

HR: 80 bpm

ST Level (mm)

ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 80 / 60

ST Level (mm)

ST Slope (mV/s)

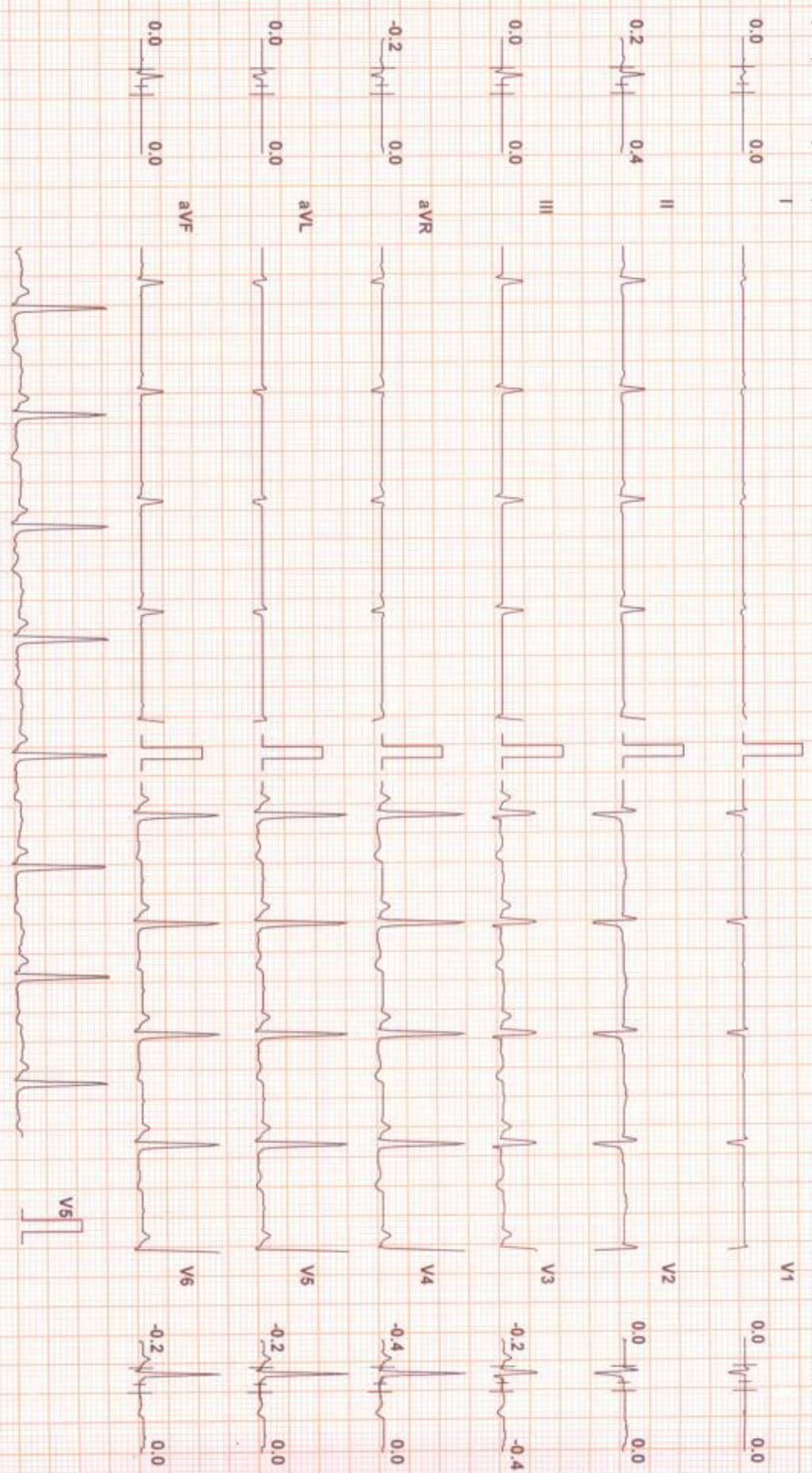


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spanden V.4.7



MRS. UMA TEJAVATH (29 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2331802235

Date: 14-Nov-23

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 82 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 80 / 60

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

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

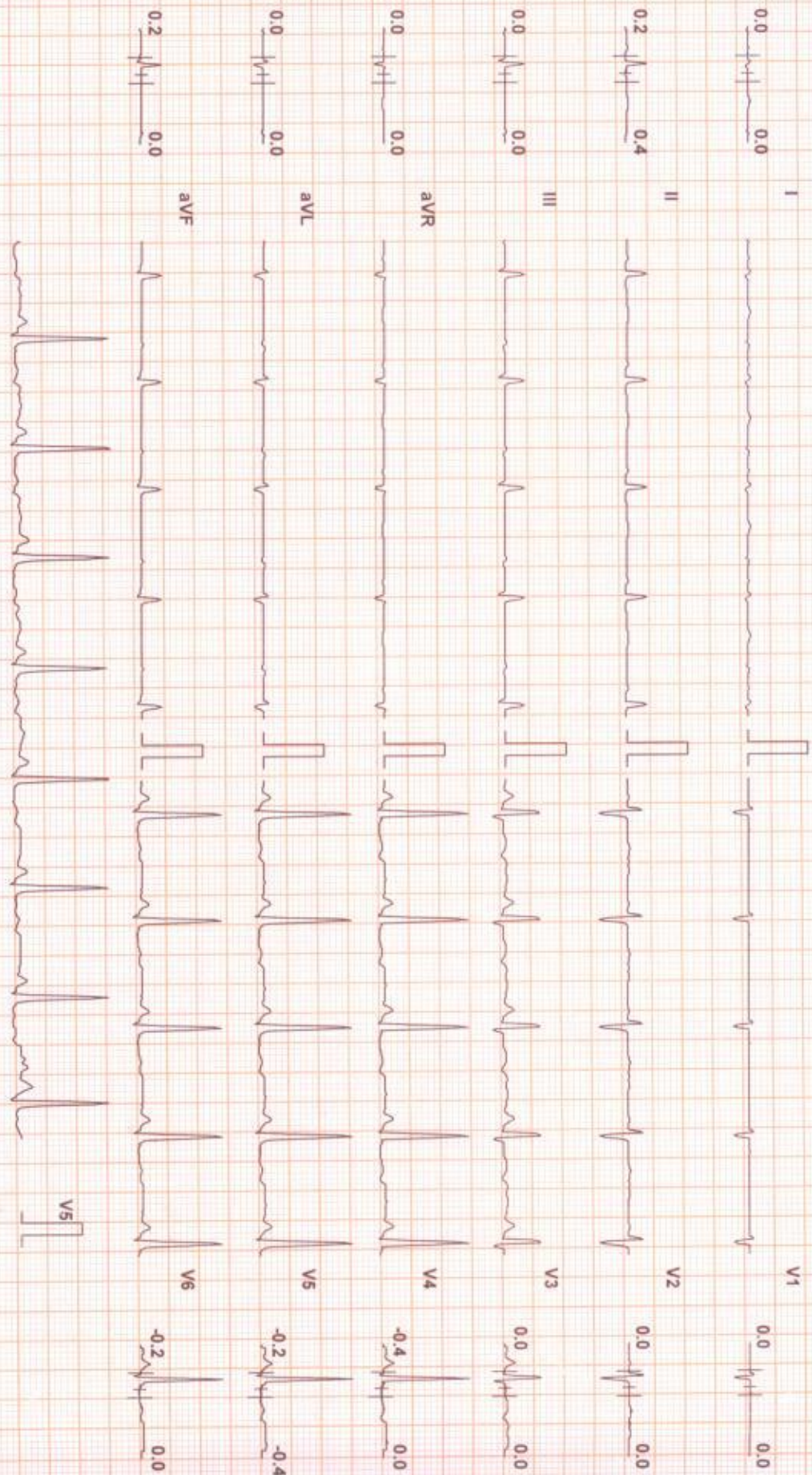


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. UMA TEJAVATH (29 F)

ID: 2331802235

Date: 14-Nov-23

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s HR: 80 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 80 / 60

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

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



Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. UMA TEJAVATH (29 F)

ID: 2331802235

Date: 14-Nov-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 119 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 90 / 60

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

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

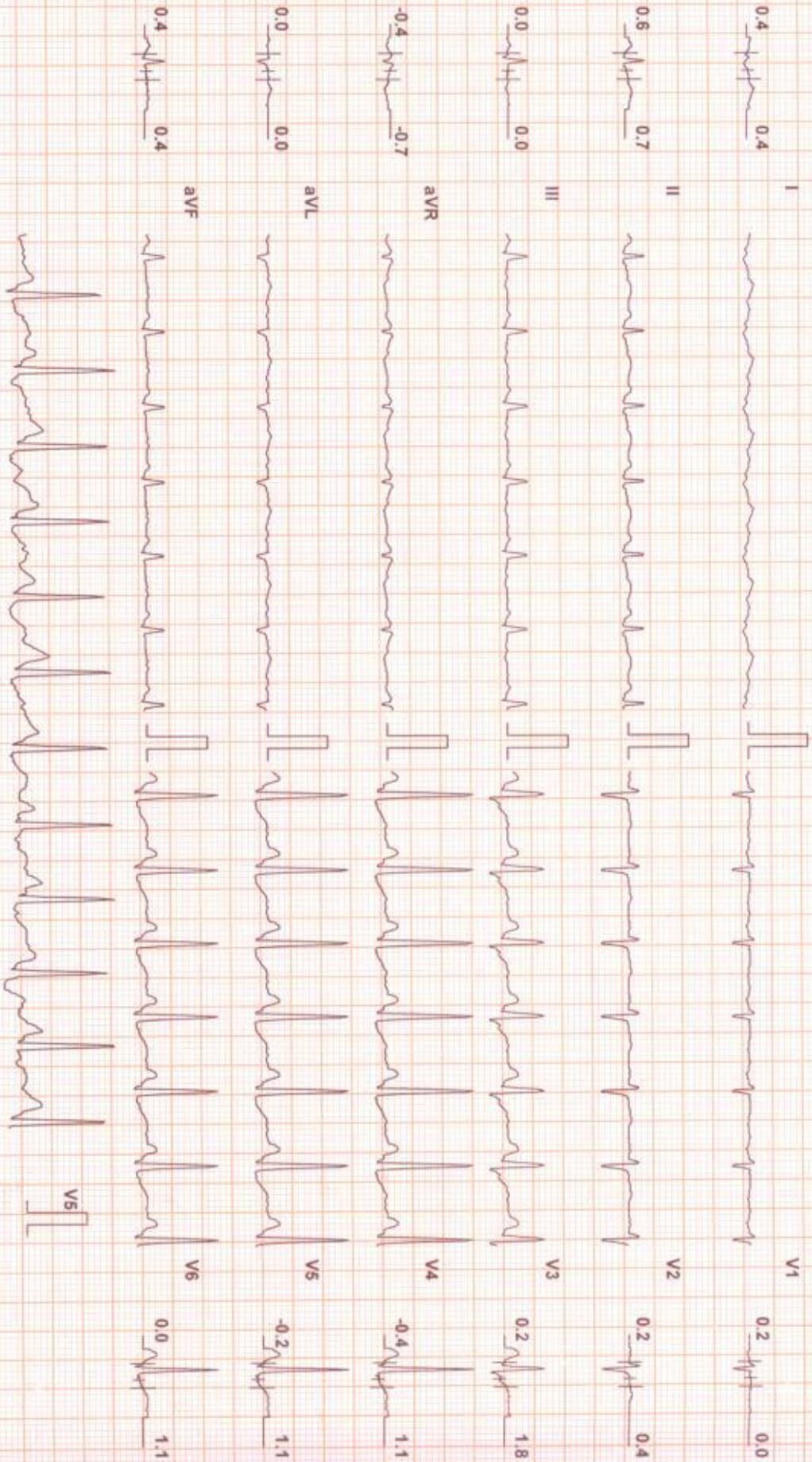


Chart Speed: 25 mm/sec
Schlier: Spandari V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



MRS. UMA TEJAVATH (29 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2331802235

Date: 14-Nov-23

Exec Time : 3 m 47 s

Stage Time : 0 m 47 s

HR: 125 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B-P: 110 / 60

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

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

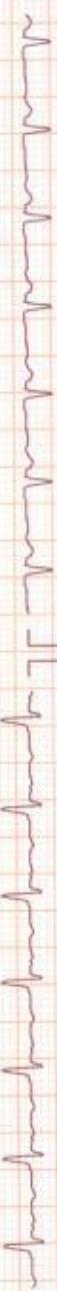
0.0 0.4



0.0 0.0

I

0.0 0.4



0.0 0.0

II

0.0 0.0



-0.2 1.4

III

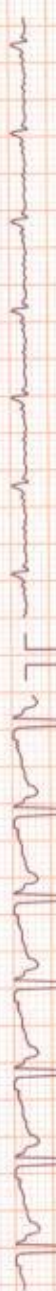
0.0 0.0



-0.8 0.7

aVR

0.0 0.0



-0.8 0.4

aVL

0.0 0.4



-0.2 0.7

aVF



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandart V4.7

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

MRS. UMA TEJAVATH (29 F)

ID: 2331802235

Date: 14-Nov-23

Exec Time : 3 m 53 s

Stage Time : 0 m 57 s

HR: 84 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 162 bpm)

B.P: 110/60

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

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

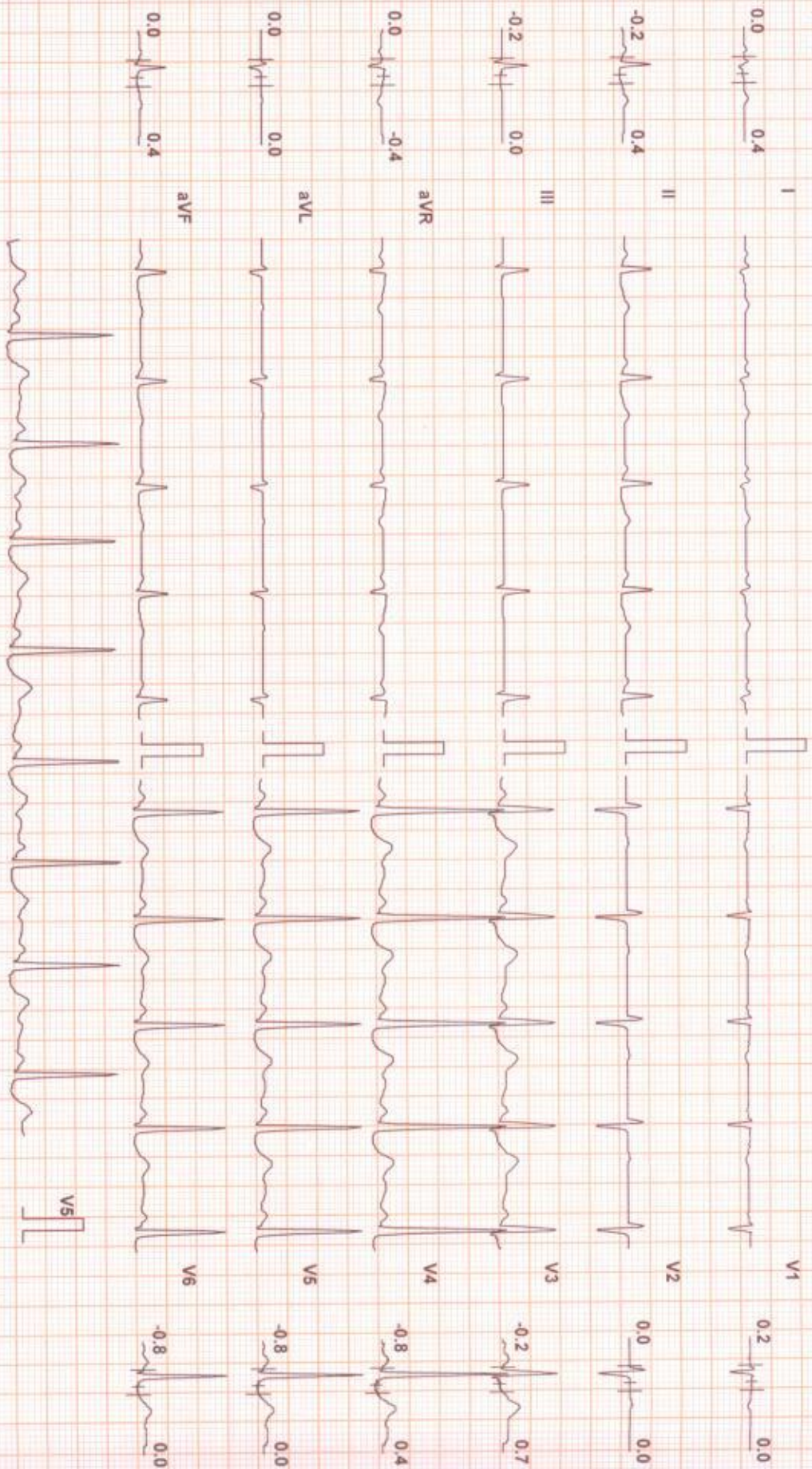


Chart Speed: 25 mm/sec
Schiller Spandon V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

MRS. UMA TEJAVATH (29 F)

ID: 2331802235

Date: 14-Nov-23

Exec Time : 3 m 53 s Stage Time : 0 m 55 s HR: 78 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 60

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

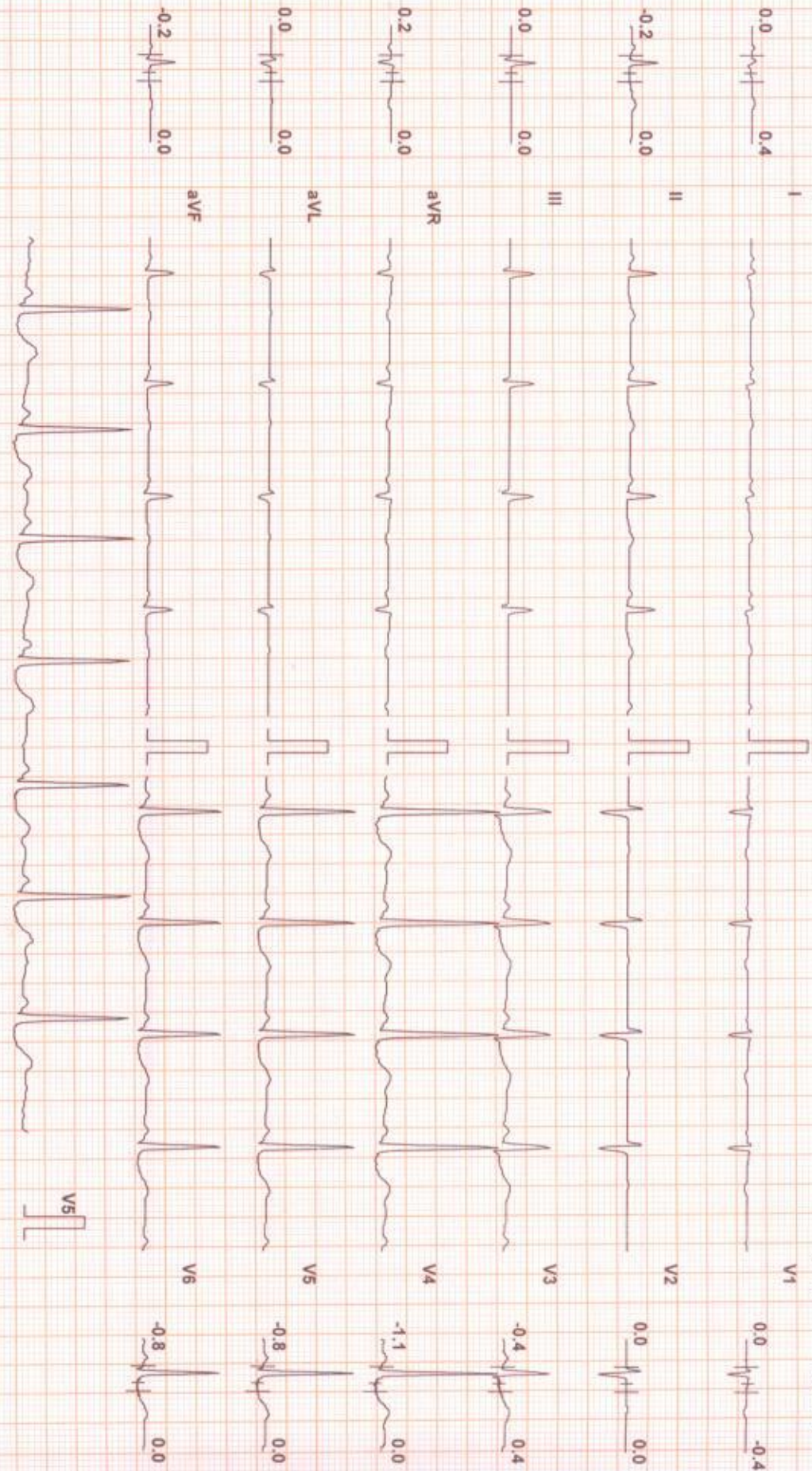


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



MRS. UMA TEJAVATH (29 F)

ID: 2331802235

Date: 14-Nov-23

Exec Time : 3 m 53 s Stage Time : 0 m 54 s

HR: 84 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 100 / 60

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

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

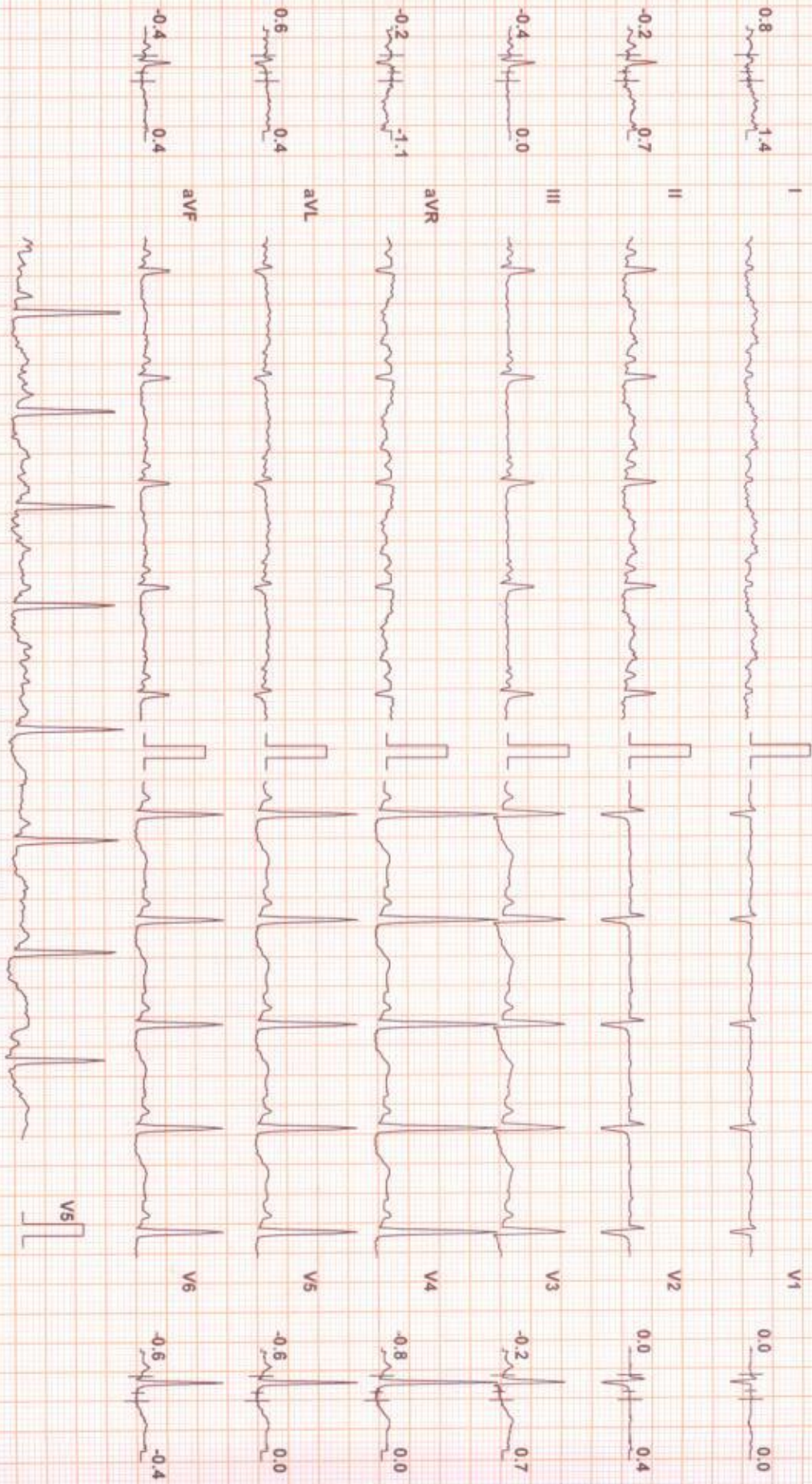


Chart Speed: 25 mm/sec
Schlier Spannen V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2331802235
Name : Mrs UMA TEJAVATH
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:10

USG ABDOMEN AND PELVIS

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.3 x 3.7 cm. Left kidney measures 10.0 x 4.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is retroverted and measures 6.2 x 4.6 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 10.3 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

The right ovary measures 2.4 x 1.4 cm. The left ovary measures 2.9 x 1.7 cm.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1



CID : 2331802235
Name : Mrs UMA TEJARATH
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:05

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-----

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1