

## PHYSICAL EXAMINATION REPORT

Patient Name	Sudha Sarkate	Sex/Age	F / 32 ys.
Date	8/1/2022	Location	Thane

### History and Complaints

Nil

### EXAMINATION FINDINGS:

Height (cms):	+ 153	Temp (0c):	⊖
Weight (kg):	+ 49	Skin:	Dry skin
Blood Pressure	110/80	Nails:	NAD
Pulse	72/min	Lymph Node:	

### Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** ↓ Hb., ↑ ESR.  
Low HDL.  
Malrotated Left Kidney

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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**Advice:**

- Iron supplement  
- Regular Exercise

1)	Hypertension:		
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis	Nil	
6)	Asthama		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		LSCS
17)	Musculoskeletal System		

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	No



**Dr. Manasee Kulkarni**  
MBBS

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Date: *8/1/22*  
 Name: *Sodha Sanku*

CID:  
 Sex / Age: *32*

**EYE CHECK UP**

Chief complaints: *RCU*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BE 6/6 HVB N.6*

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: *Good Vision*

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CID : 2200872552  
Name : MRS.SUDHA MOHAN SARKATE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Jan-2022 / 11:12  
Reported : 08-Jan-2022 / 14:53

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	9.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.9	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	24.0	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	18.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.1	20-40 %	
Absolute Lymphocytes	2286.0	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	348.0	200-1000 /cmm	Calculated
Neutrophils	55.1	40-80 %	
Absolute Neutrophils	3306.0	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	
Absolute Eosinophils	60.0	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	238000	150000-400000 /cmm	Elect. Impedance
MPV	11.3	6-11 fl	Calculated
PDW	24.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Mild		





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Collected : 08-Jan-2022 / 11:12  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	78.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.81	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	18.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	82.1	35-105 U/L	PNPP
BLOOD UREA, Serum	14.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.42	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	186	>60 ml/min/1.73sqm	Calculated



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Reported : 08-Jan-2022 / 14:42

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URIC ACID, Serum 4.0 2.4-5.7 mg/dl Uricase

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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Collected : 08-Jan-2022 / 11:12  
Reported : 08-Jan-2022 / 17:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	82.5	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 \*\*\*



*Shashikant*  
**Dr. SHASHIKANT DIGHADE**  
M.D. (PATH)  
Pathologist



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Page 5 of 9

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Collected : 08-Jan-2022 / 11:12  
Reported : 08-Jan-2022 / 15:05

**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 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 G B Road Lab, Thane West

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	113.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	48.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	74.8	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	9.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	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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Collected : 08-Jan-2022 / 11:12  
Reported : 08-Jan-2022 / 13:30

**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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	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	2.2	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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**Interpretation:**

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

**Clinical Significance:**

- 1)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 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:**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.

**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 \*\*\*



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Pathologist



**CID** : 2200872552  
**Name** : Mrs SUDHA MOHAN SARKATE  
**Age / Sex** : 32 Years/Female  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre

**Reg. Date** : 08-Jan-2022 / 12:35  
**Reported** : 08-Jan-2022 / 14:04

### USG WHOLE ABDOMEN

**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 head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas

**KIDNEYS:** Right kidney measures 9.5 x 3.5 cm. (NORMAL)  
Left kidney measures 8.8 x 3.0 cm. *Left kidney is visualised in left renal fossa , but the renal pelvis is facing supero-anteriorly s/o malrotation.*

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 anteverted and measures 7.6 x 3.9 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.0 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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**IMPRESSION:**

- MALROTATED LEFT KIDNEY.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

**Advice: Clinical co-relation and further evaluation.**

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

*D Patil*

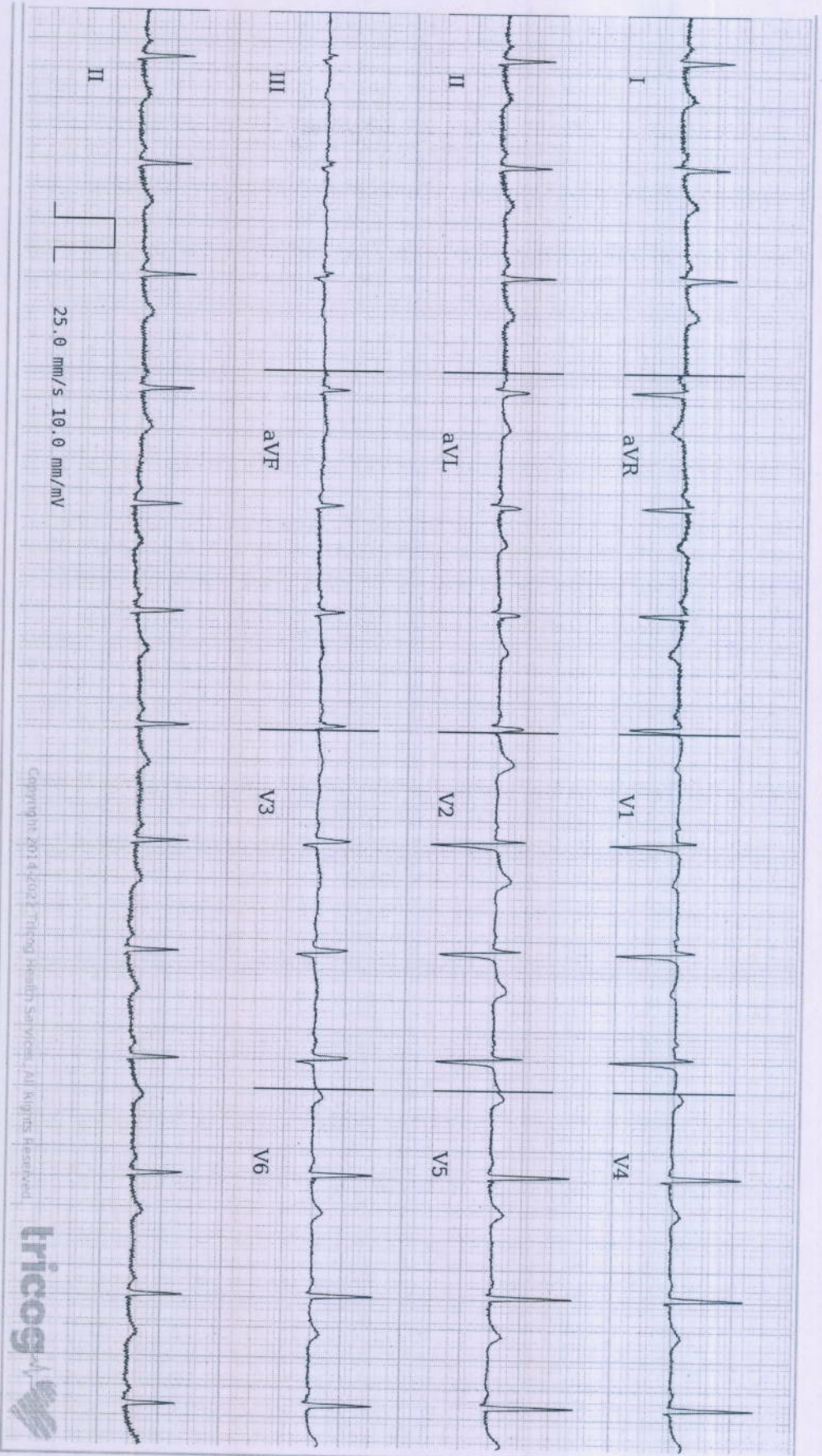
Dr. Devendra Patil  
MBBS, MD ( Radio-Diagnosis)  
Consultant Radiologist  
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Age **32** **NA** **1**  
years months days

Gender **Female**

Heart Rate **80 bpm**

Patient Vitals

BP: **NA**

Weight: **49 kg**

Height: **153 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

**Measurements**

QSRD: **68 ms**

QT: **376 ms**

QTc: **433 ms**

PR: **114 ms**

P-R-T: **35° 32° 24°**

REPORTED BY

**DR SHAILAJA PILLAI**

**MBBS, MD Physician**

**MD Physician**

**49972**

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.**

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

## suburban diagnostic GB road

**Patient Details**      Date: 08-Jan-22      Time: 12:43:26 PM  
**Name:** SUDHA SARKATE ID: 2200872552  
**Age:** 32 y      **Sex:** F      **Height:** 152 cms      **Weight:** 49 Kgs  
**Clinical History:** NIL

**Medications:** NIL

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 188 bpm      **THR:** 169 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 3 m 32 s      **Max. HR:** 169 (90% of Pr.MHR) bpm      **Max. Mets:** 7.00  
**Max. BP:** 150 / 80 mmHg      **Max. BP x HR:** 25350 mmHg/min      **Min. BP x HR:** 5880 mmHg/min  
**Test Termination Criteria:** Fatigue, Dyspnea, Target HR attained

### 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 : 45	1.0	0	0	91	110 / 70	-1.49 III	2.12 I
Standing	0 : 2	1.0	0	0	91	110 / 70	-0.21 III	0.35 I
Hyperventilation	0 : 1	1.0	0	0	84	110 / 70	-0.21 III	0.71 I
1	3 : 0	4.6	1.7	10	157	130 / 80	-3.61 aVR	5.66 II
Peak Ex	0 : 32	7.0	2.5	12	169	150 / 80	-1.70 III	3.18 V2
Recovery(1)	1 : 0	1.8	1	0	125	150 / 80	-1.91 III	3.54 V2
Recovery(2)	1 : 0	1.0	0	0	107	150 / 80	-0.42 III	2.83 II
Recovery(3)	1 : 0	1.0	0	0	96	120 / 80	-0.64 II	1.42 II
Recovery(4)	1 : 0	1.0	0	0	101	120 / 80	-0.64 II	1.06 II
Recovery(5)	0 : 6	1.0	0	0	106	120 / 80	-0.64 II	1.06 II

### Interpretation

The patient exercised according to the Bruce protocol for 3 m 32 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 91 bpm, rose to a max. heart rate of 169 (90% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Negative Stress Test,  
 Poor effort tolerance. Accelerated chronotropic and normal inotropic response. No angina/arrhythmia. No significant STT changes from baseline.

Disclaimer: Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive of but not confirmatory of coronary artery disease. Hence overall cardiological correlation is mandatory.

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**

Ref. Doctor: \_\_\_\_\_  
 ( Summary Report edited by user )

Doctor: **DR. SHAILAJA PILLAI**  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7





SUDHA SARKATE (32 F)

ID: 2200872552

Date: 08-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 45 s HR: 91 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 110 / 70

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

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

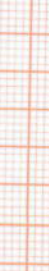
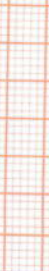
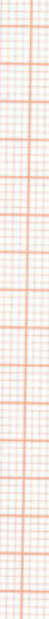


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**SUDHA SARKATE (32 F)**

**Suburban diagnostic GB road**

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

**HR: 91 bpm**

ST Level (mm)      ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P.: 110 / 70

ST Level (mm)      ST Slope (mV/s)

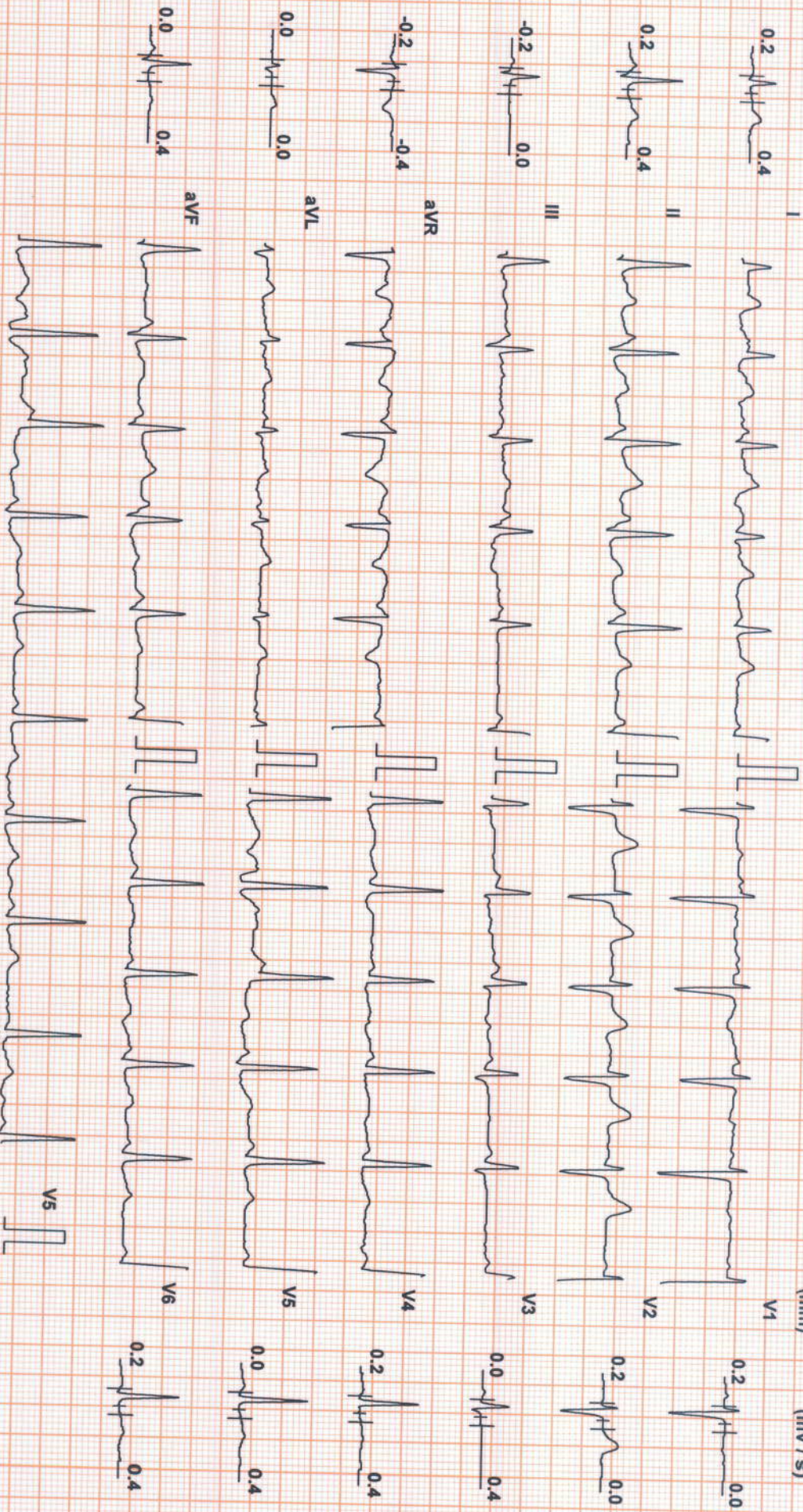


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SUDHA SARKATE (32 F)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 84 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P.: 110 / 70

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

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

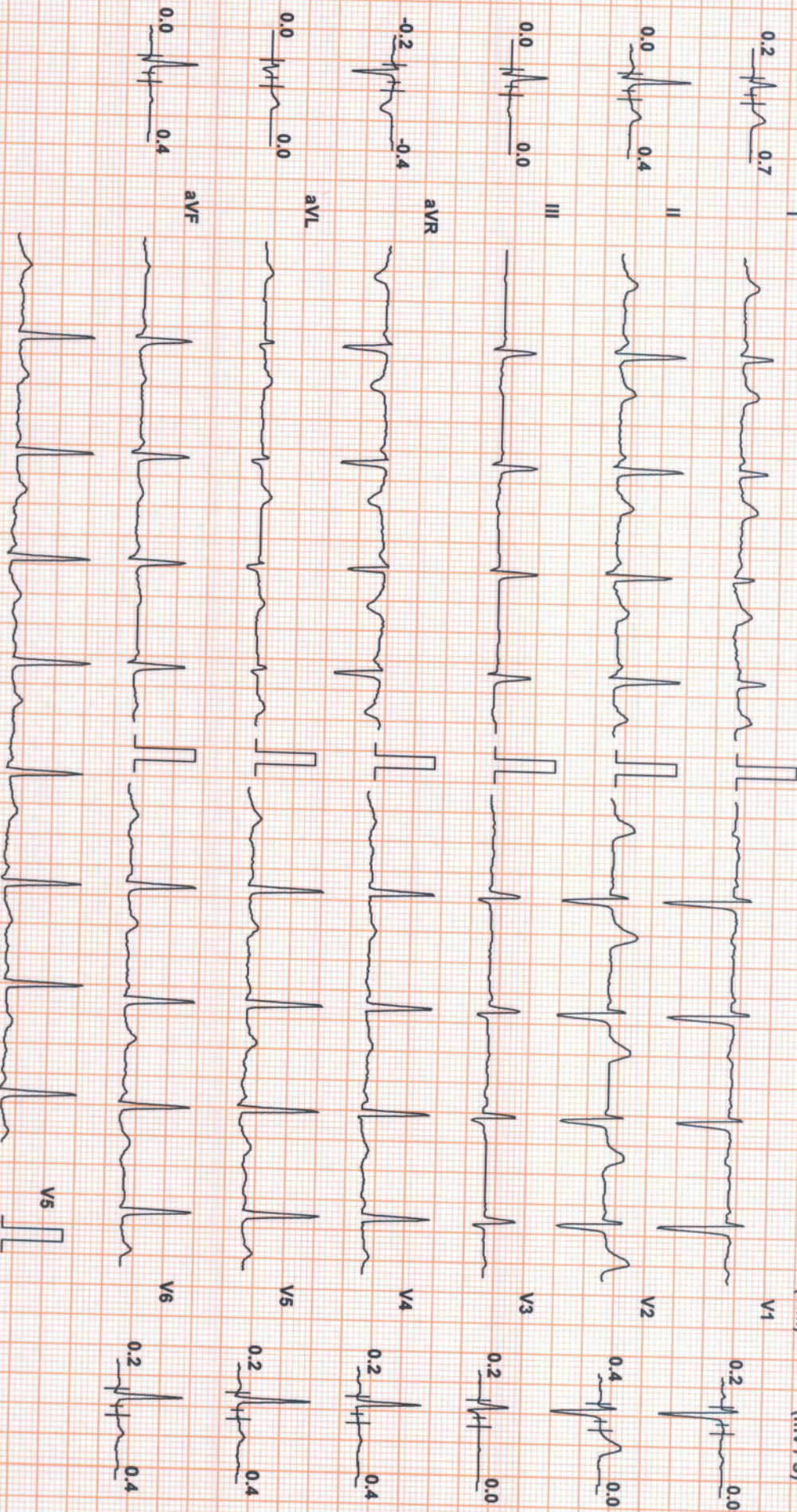


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SUDHA SARKATE (32 F)

suburban diagnostic GB road

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 3 m 32 s Stage Time : 1 m 0 s HR: 96 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P.: 120 / 80

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

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

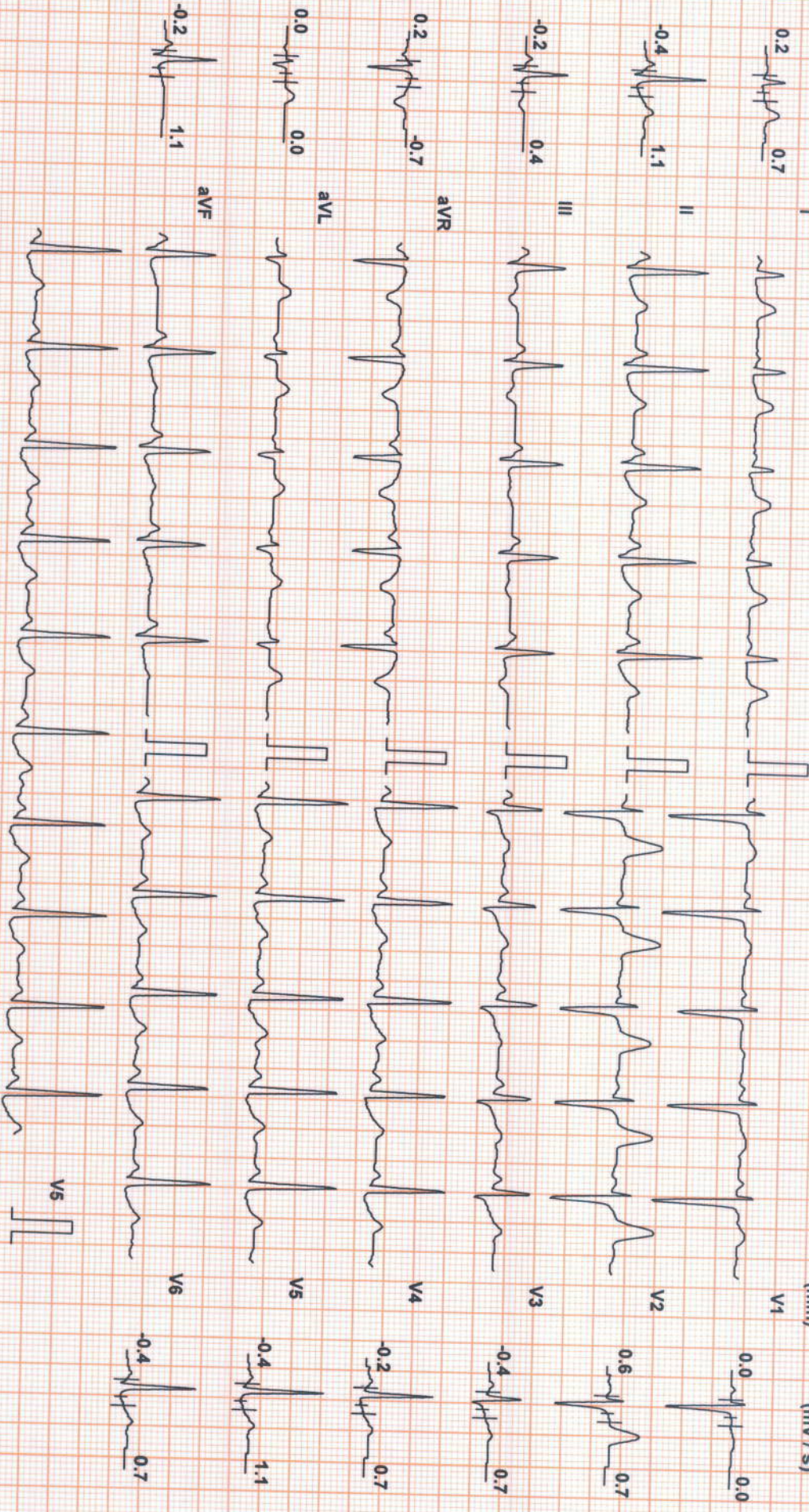


Chart Speed: 25 mm/sec  
Schiller Spandau V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**SUDHA SARKATE (32 F)**

**Suburban diagnostic GB road**

Protocol: Bruce

ID: 2200872562

Date: 08-Jan-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 157 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P.: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.2      1.1

0.2      0.0

0.0      2.1

1.1      1.8

-0.4      1.1

0.2      1.4

0.6      0.7

0.0      1.8

-0.2      -1.8

0.0      1.8

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

0.2      1.8

0.2      1.4

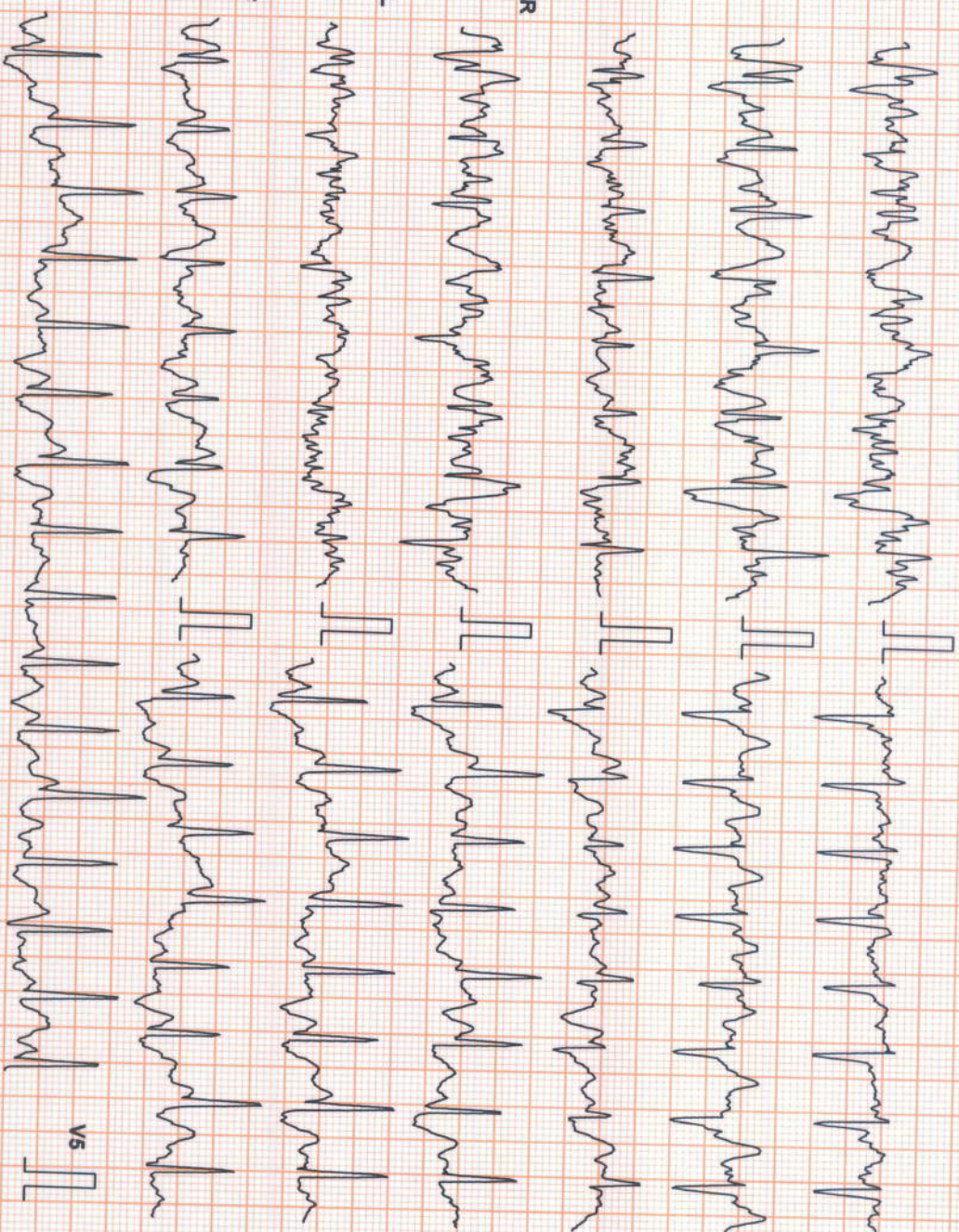


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**SUDHA SARKATE (32 F)**

**Suburban diagnostic GB road**

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 3 m 32 s

Stage Time : 0 m 32 s **HR: 169 bpm**

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 169 bpm)

B.P: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

-0.2      0.4

0.0      0.0

-1.3      1.4

0.8      1.8

-0.8      1.1

-0.4      2.1

0.8      -0.7

-0.8      2.1

0.0      -0.4

-0.8      1.8

-1.1      1.4

-0.4      1.8



Chart Speed: 25 mm/sec  
Schlier Spandan 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



SUDHA SARKATE (32 F)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 3 m 32 s Stage Time : 1 m 0 s

HR: 125 bpm

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P.: 150 / 80

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

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

0.2 1.1

0.4 0.4

0.4 2.1

1.9 2.1

-0.2 0.4

0.4 1.4

-0.4 -1.4

0.6 2.5

0.0 0.0

0.4 1.8

0.0 1.1

0.4 1.4

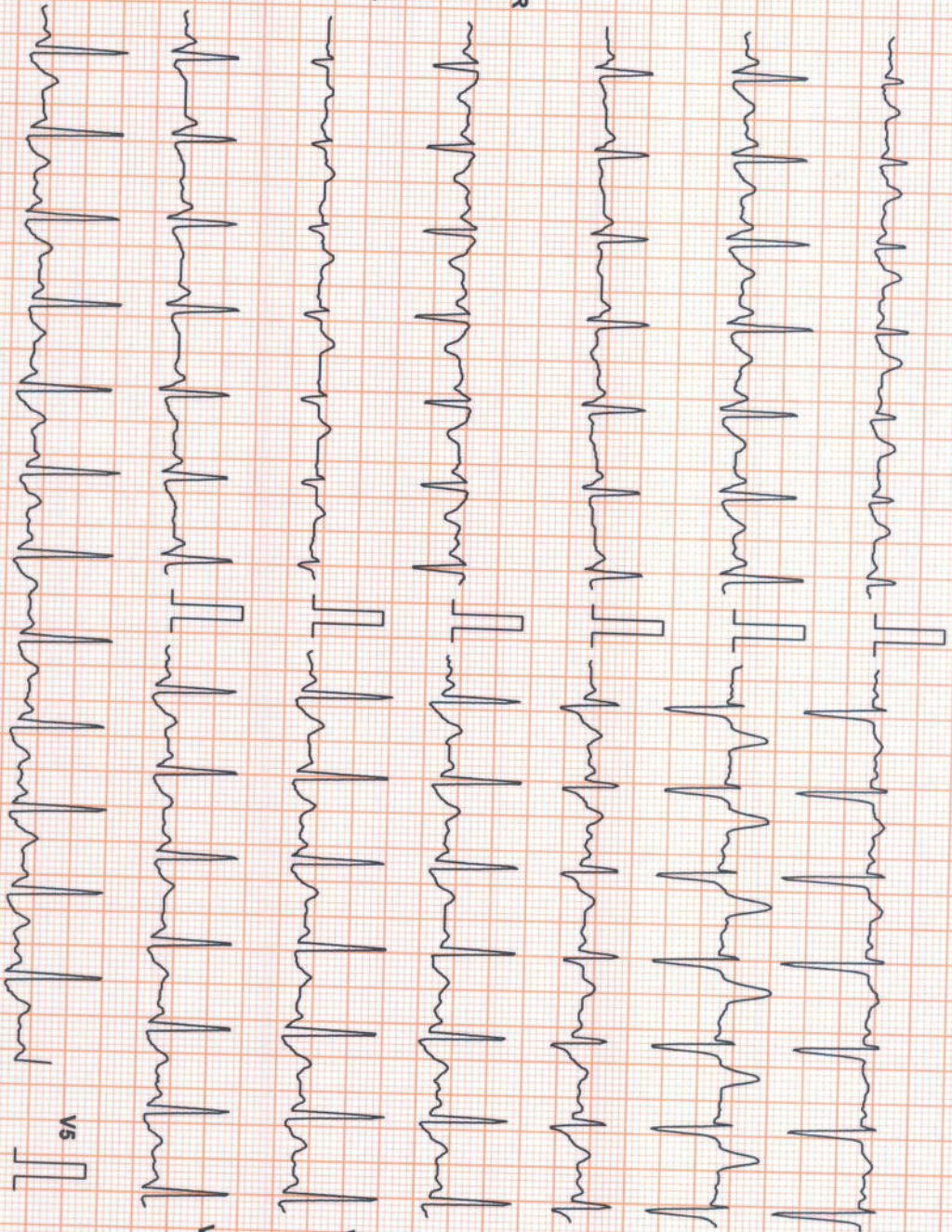


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**SUDHA SARKATE (32 F)**

**Suburban diagnostic GB road**

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 3 m 32 s Stage Time : 1 m 0 s

HR: 107 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 80

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

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

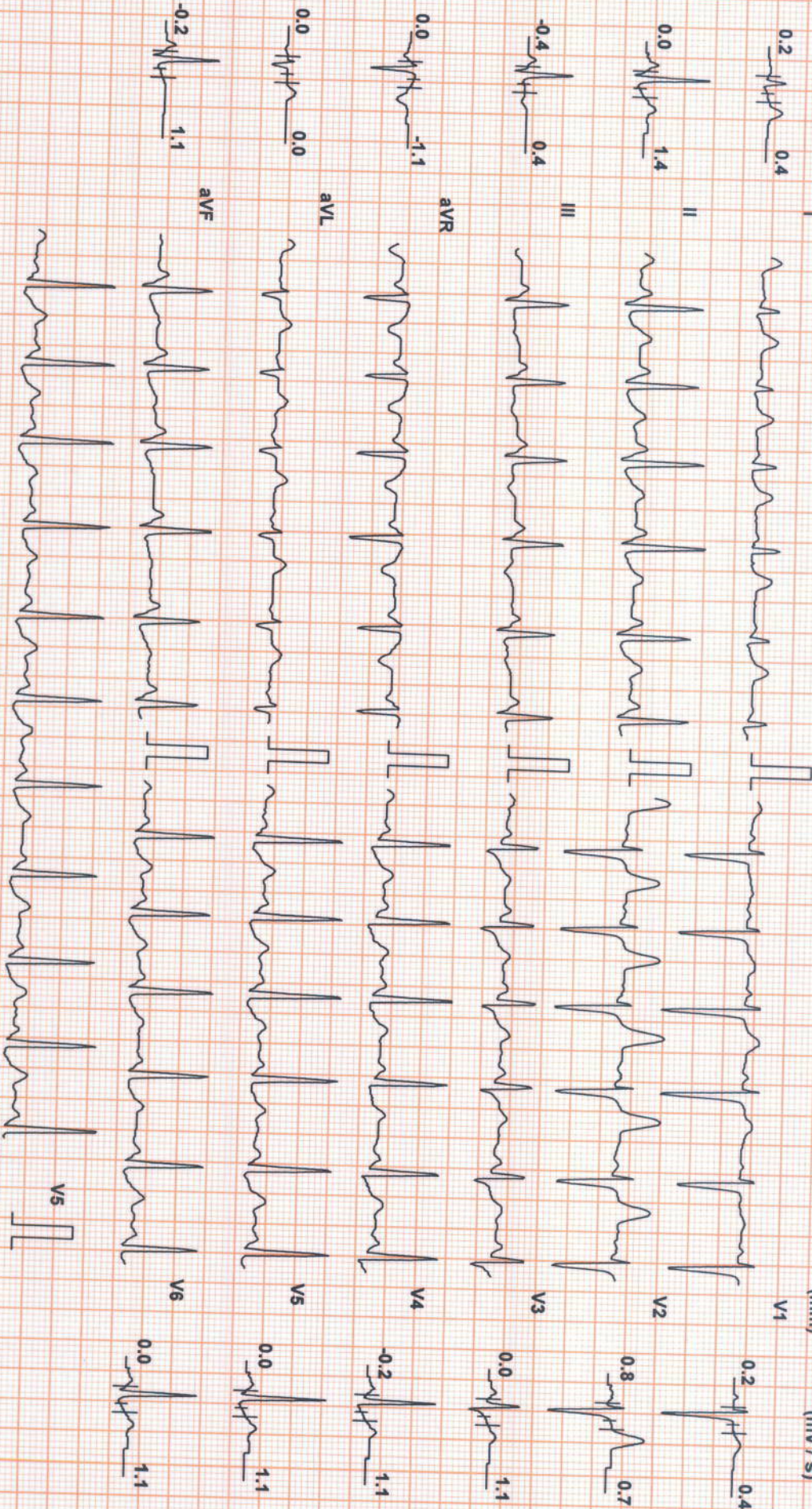


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V.4.7





**SUDHA SARKATE (32 F)**

**Suburban diagnostic GB road**

Protocol: Bruce

ID: 2200872552

Date: 08-Jan-22

Exec Time : 3 m 32 s Stage Time : 1 m 0 s

**HR: 101 bpm**

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P: 120 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

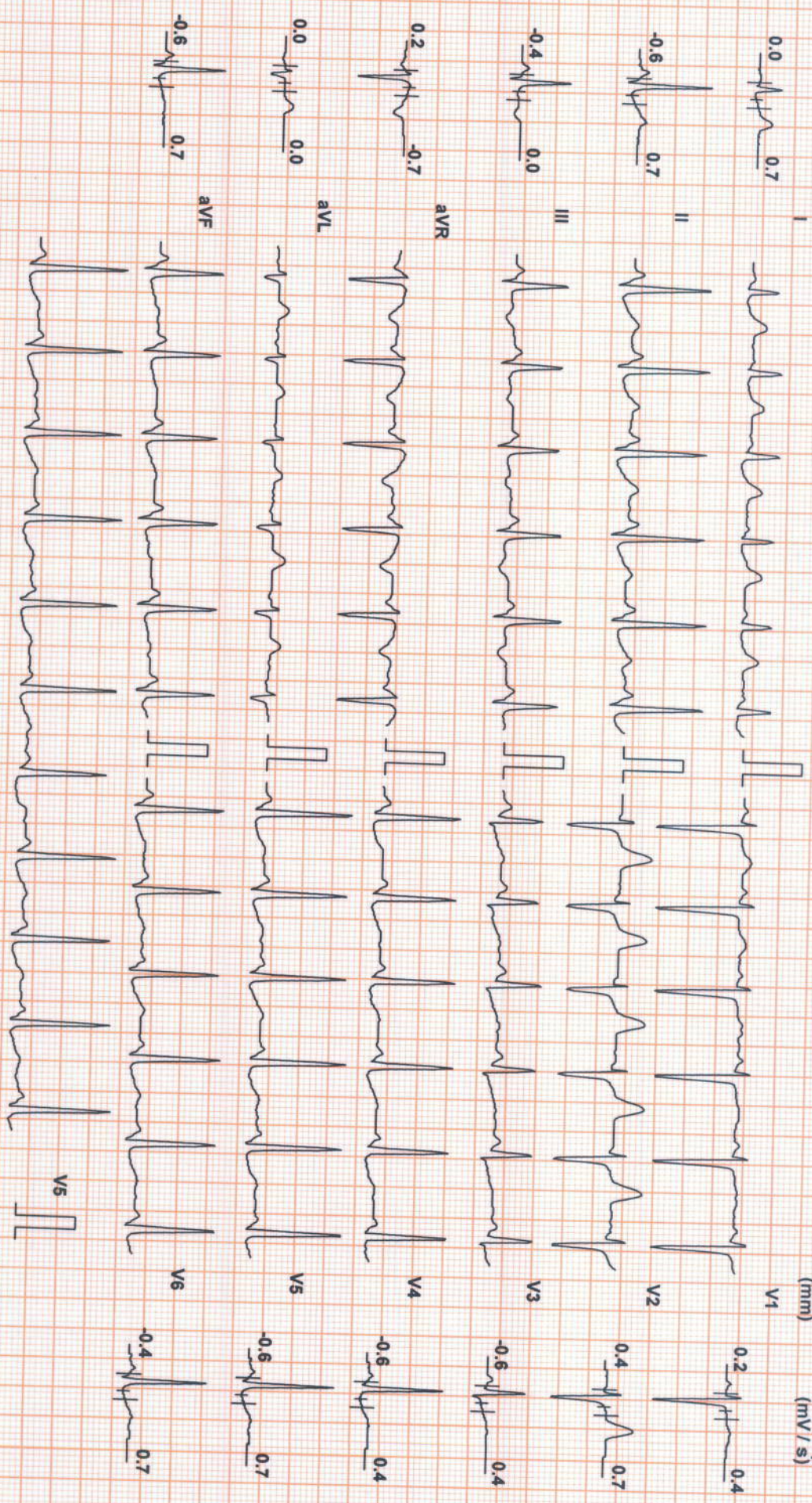


Chart Speed: 25 mm/sec  
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms