



CID : 2332920529  
Name : MRS.SHRUTI ANEKAR  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 25-Nov-2023 / 08:48  
Reported : 25-Nov-2023 / 13:09

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.53	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.7	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.7	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6040	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	1715.4	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	326.2	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	3581.7	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	368.4	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	48.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	307000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 25-Nov-2023 / 11:52

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      11                      2-20 mm at 1 hr.                      Sedimentation

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



*Bmhasakar*

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



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**Collected** : 25-Nov-2023 / 08:48  
**Reported** : 25-Nov-2023 / 14:12

**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	100.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	131.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.23	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	22.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	25.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	28.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	78.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.53	0.55-1.02 mg/dl	Enzymatic

**Note: Kindly note in change in reference range w.e.f. 07-09-2023**



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Collected : 25-Nov-2023 / 12:07  
Reported : 25-Nov-2023 / 16:31

eGFR, Serum	124	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	2.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Trace	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Bmhasakar*

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



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Collected : 25-Nov-2023 / 08:48  
Reported : 25-Nov-2023 / 13:58

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 Borivali Lab, Borivali West

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



*Bmhasakar*

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



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Collected : 26-Nov-2023 / 12:26  
Reported : 26-Nov-2023 / 16:23

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



*Bmhasakar*

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



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Collected : 25-Nov-2023 / 08:48  
Reported : 25-Nov-2023 / 16:42

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	10	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Trace	Absent	pH Indicator
Glucose	Trace	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	15-20		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	+	Absent	
Bacteria / hpf	++	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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*S. Sakhare*  
**Dr.SUHAS SAKHARE**  
**M.D. (PATH)**  
**Pathologist**



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Reported : 25-Nov-2023 / 15:11

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*Dr. Vrushi Shroff*

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





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Reported : 25-Nov-2023 / 15:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	156.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	48.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	128.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.4	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	31.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 25-Nov-2023 / 08:48  
Reported : 25-Nov-2023 / 14:16

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.575	0.55-4.78 microIU/ml	CLIA

**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)



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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**Reported** : 25-Nov-2023 / 14:16

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

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SHRUTI ANEKAR

Date and Time: 25th Nov 23 9:20 AM

Patient ID: 2332920529

Age **34** **NA** **NA**  
years months days

Gender **Female**

Heart Rate **69bpm**

### Patient Vitals

BP: 110/80 mmHg

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

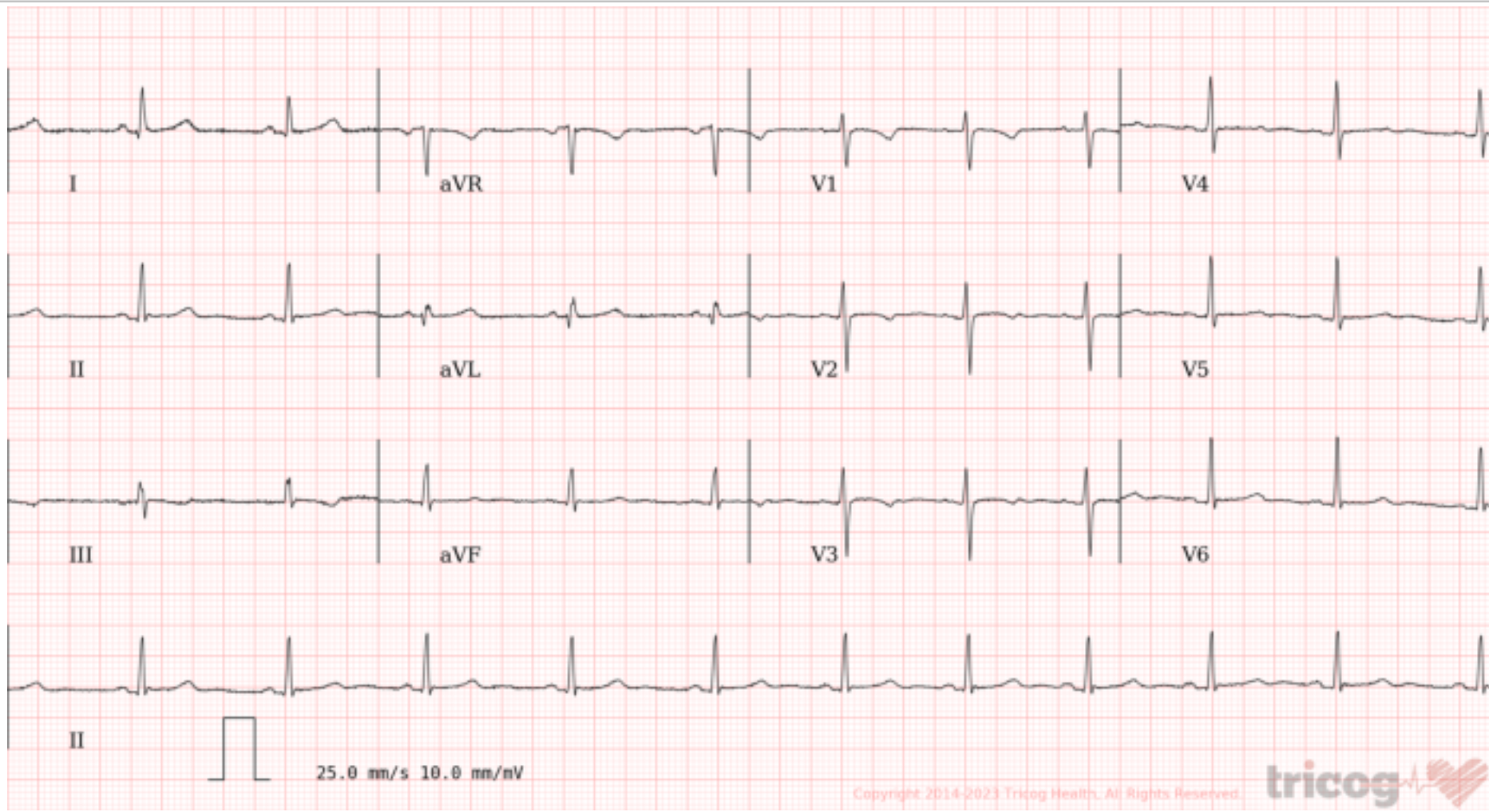
QRSD: 76ms

QT: 420ms

QTcB: 450ms

PR: 136ms

P-R-T: 20° 46° 31°



Sinus Rhythm, Normal axis. T wave inversion in lead V2-V4, lead III ?? Non specific. No other significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

# SUBURBAN DIGNOSTICS BHAYANDER



12346831 (2332920529) / SHRUTI ANEKAR / 34 Yrs / F / 161 Cms / 65 Kg  
 Date: 25 / 11 / 2023 09:31:09 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	068	37 %	110/80	074	00	
Standing	00:13	0:03	00.0	00.0	01.0	068	37 %	110/80	074	00	
HV	00:17	0:04	00.0	00.0	01.0	069	37 %	110/80	075	00	
ExStart	00:35	0:18	00.0	00.0	01.0	077	41 %	110/80	084	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	112	60 %	110/80	123	00	
BRUCE Stage 2	06:35	3:00	02.5	12.0	07.1	138	74 %	120/80	165	00	
PeakEx	08:49	2:14	03.4	14.0	09.4	160	86 %	140/80	224	00	
Recovery	09:49	1:00	01.1	00.0	01.1	117	63 %	160/80	187	00	
Recovery	10:49	2:00	00.0	00.1	01.0	099	53 %	150/80	148	00	
Recovery	12:49	4:00	00.0	00.1	01.0	087	47 %	130/80	113	00	
Recovery	13:01				00.0	000	0 %	129/80	000	00	

## FINDINGS :

- Exercise Time : 08:14
- Initial HR (ExStrt) : 77 bpm 41% of Target 186
- Initial BP (ExStrt) : 110/80 (mm/Hg)
- Max WorkLoad Attained : 9.4 Good response to induced stress
- Max ST Dep Lead & Avg ST Value : II & -1.1 mm in PeakEx
- Duke Treadmill Score : 06.6
- Test End Reasons : Test Complete

Max HR Attained 160 bpm 86% of Target 186  
 Max BP Attained 160/80 (mm/Hg)

DR. SMITA VALANI

MBBS, D. GAB

2011/03/0687

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

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 Mira Road (East), Dist. Thane - 401 502  
 Phone : 022 - 61730000

Dr. Smita Valani  
 Doctor

# DIAGNOSTICS BHAYANDER

# REPORT

Mail: 2346831 / SHRUTI ANEKAR / 34 Yrs / F / 161 Cms / 65 Kg Date: 25 / 11 / 2023 09:31:09 AM

## REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT  
HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
CHRONOTROPIC RESPONSE : EXAGGERATION OF T WAVE INVERSION DURING EXERCISE NOTED  
FINAL IMPRESSION : GOOD INOTROPIC RESPONSE  
: GOOD CHRONOTROPIC RESPONSE  
: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.  
EXAGGERATION OF T WAVE INVERSION DURING EXERCISE NOTED

ADV : 2D Echo

Repeat TMT x 6 months

DR. SMITA VALANI  
MBBS, D. CAR.  
2011/03/0567

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Shree No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100  
Kshatriya Colony, Khandivda, Mumbai - 400 032  
Near Thane-Mumbai Bypass Road, Thane  
Phone : 022 - 61790000  
Doctor : DR SMITA VALANI

DR. DIGNOSTICS BHAYANDER

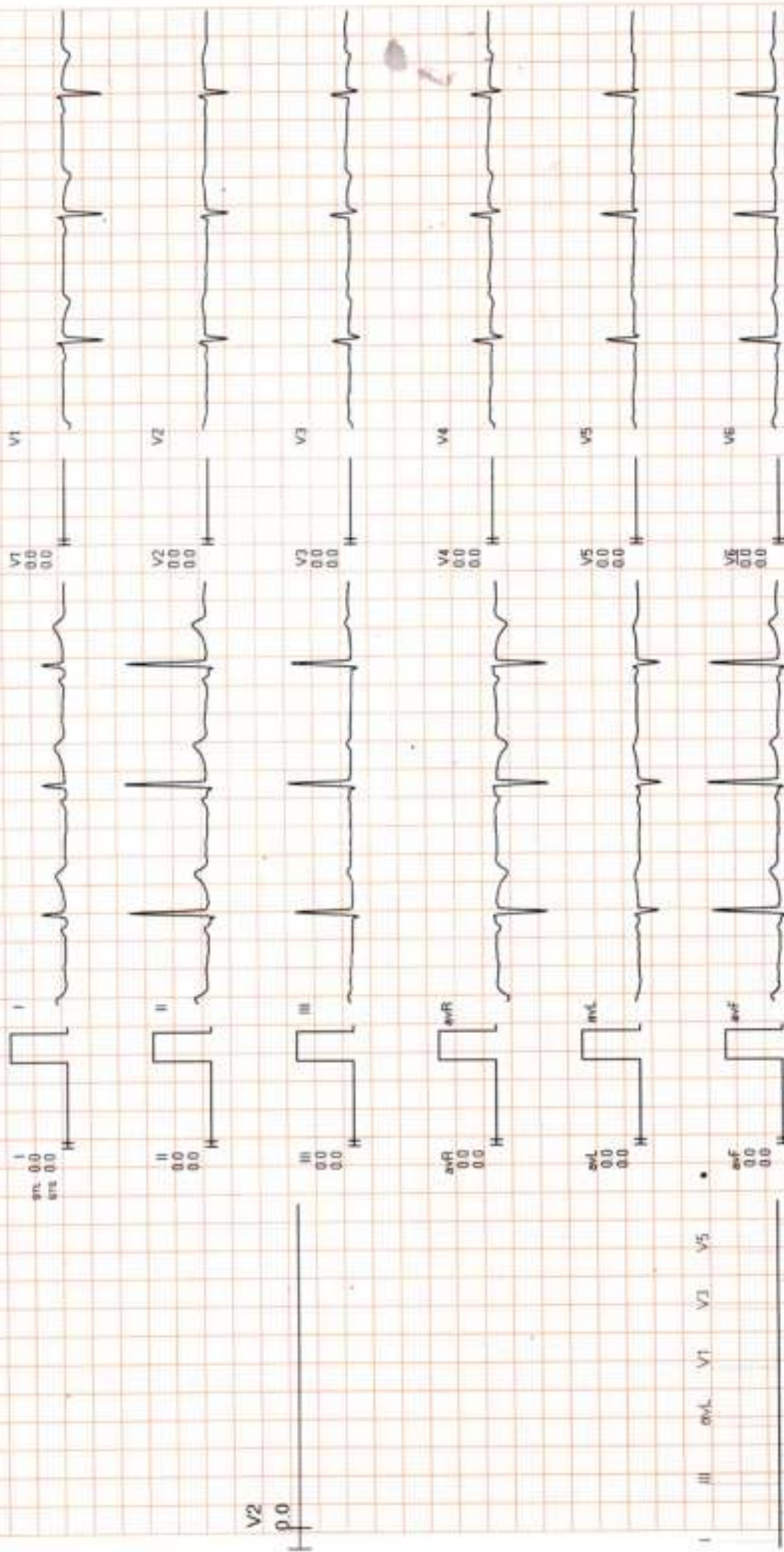
20031 (2332920529) / SHRUTI ANEKAR / 34 Yrs / F / 161 Cms / 65 Kg / HR : 68

Date: 25/11/2023 09:31:09 AM METS: 1.0/68 bpm 37% of THR BP: 110/80 mmHg Raw ECG/BL/C Only Match On/ HF 0.05 Hz/LF 35 Hz

4X 0 mS Print J

SUPINE ( 00:01 )

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/sec, 1.0 Cm/mV



V2  
p.0

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS

AN DIGNOSTICS BHAYANDER

68831 (2332920529) / SHRUTI ANEKAR / 34 Yrs / F / 161 Cms / 65 Kg / HR : 67

Date: 25/11/2023 09:31:09 AM

METS: 1.0 / 67 bpm 36% at THR BP: 110/80 mmHg

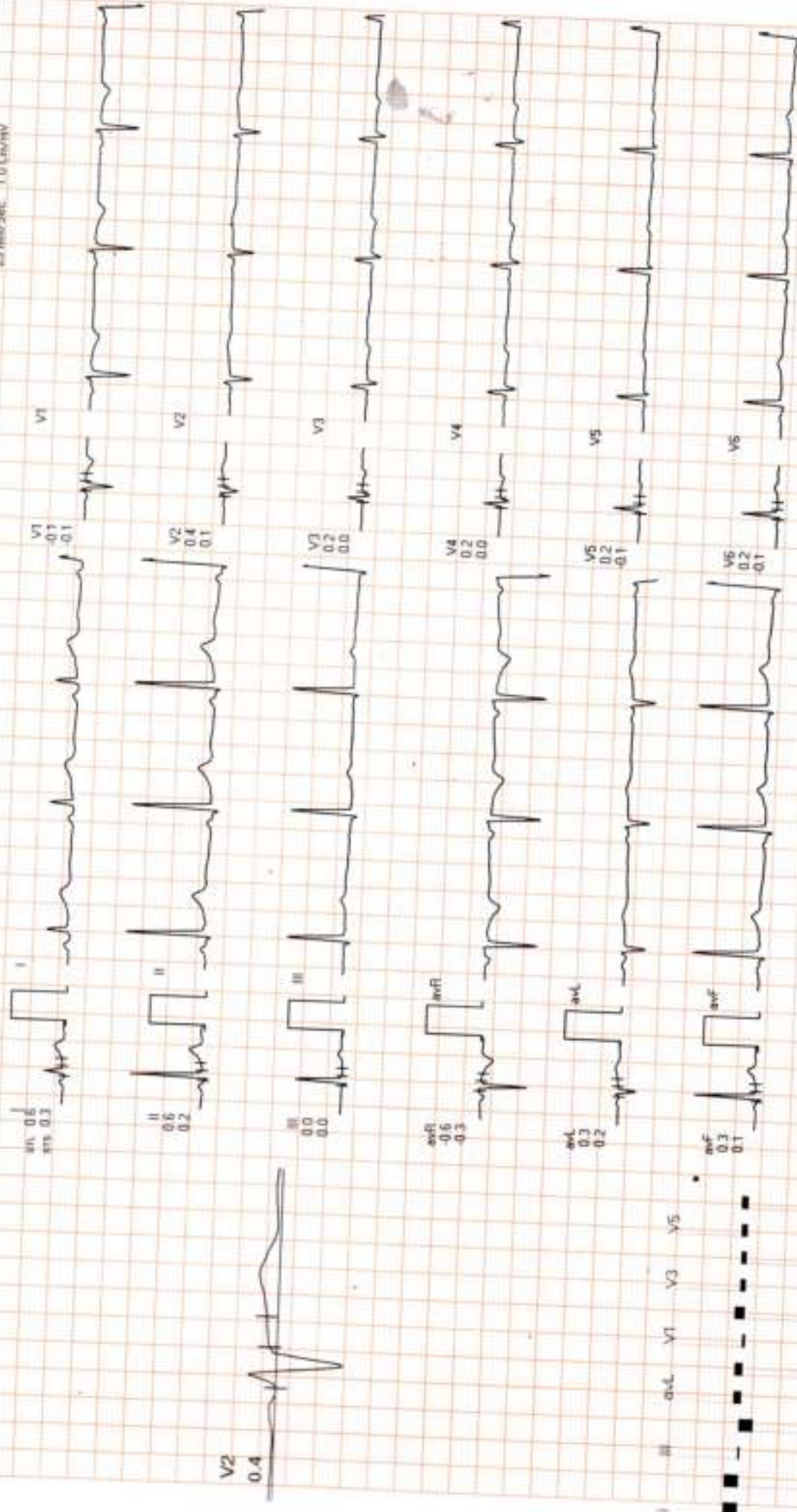
Plaw ECG/BLC Only Notch On/ HF 0.05 Hz/ LF 35 Hz

80 ms Post J

STANDING ( 00:00 )

ACHPL

ExTime: 00:00 0.0 mpt. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



AN DIGNOSTICS BHAYANDER

65331 (2332920529) / SHRUTI ANEKAR / 34 Yrs / F / 161 Cms / 65 Kg / HR : 67

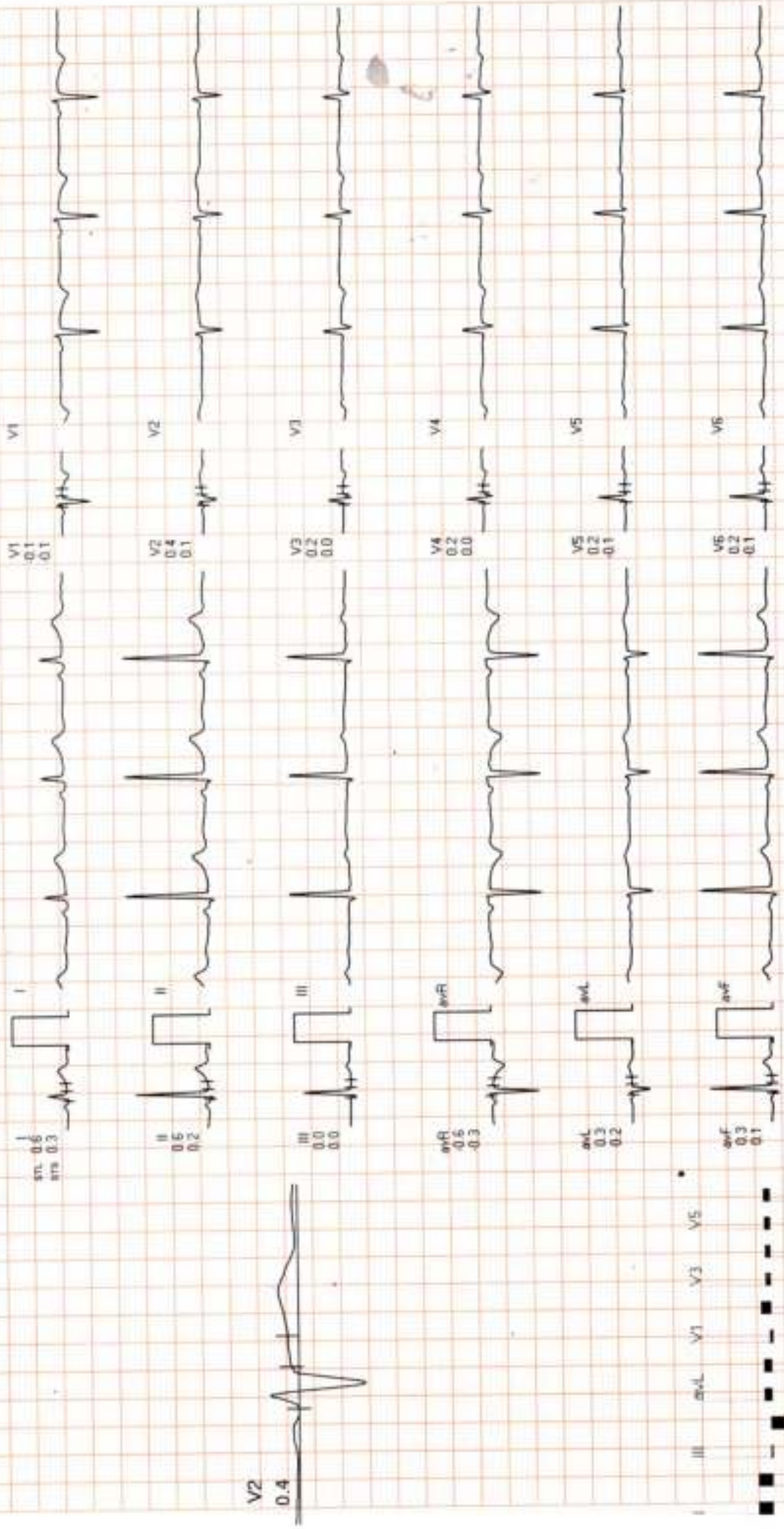
Date: 25/11/2023 09:31:09 AM METS: 1 (1/67 bpm 36% of THR) BP: 110/80 mmHg Raw ECG/BLG On/Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J

HV ( 00:00 )



ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec, 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

Date:- 25/11/23  
 Name:- Shruadi Anekar  
 CID: 2332950529  
 Sex / Age: 34/F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO  
 RE LE  
 6/6 6/6  
 N/6/ N/6

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

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No. 9, 1st & 2nd Floor,  
 Khar, Mumbai - 400052

Name : Mrs. SHRUTI ANEKAR  
VID : 2332920529  
Ref By : Arofemi Healthcare Limited

Reg Date : 25-Nov-2023 08:33  
Age/Gender : 34 Years  
Regn Centre : Bhayander East (Main Centre)

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	161	Weight (kg):	65
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	78/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

(A+ve)

IMPRESSION: CBC, Biochemistry, CXR all WNL  
T.M.T. 8/10. Exaggeration of T wave in leads  
ADVICE: don't exercise noted.

↳ 2D Echo. Cardiologist's opinion.

**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                            | No |
| 17) Musculoskeletal System               | No |

Name : Mrs. SHRUTI ANEKAR  
VID : 2332920529  
Ref By : Accofemi Healthcare Limited

Reg Date : 25-Nov-2023 08:33  
Age/Gender : 34 Years  
Regn Centre : Bhayander East (Main Centre)

**PERSONAL HISTORY:**

- |               |                   |
|---------------|-------------------|
| 1) Alcohol    | Yes, Occasionally |
| 2) Smoking    | Yes, Occasionally |
| 3) Diet       | Mixed             |
| 4) Medication | No                |

Anita

**DR. ANITA CHOUDHARY**

CONSULTANT MEDICIAN  
Reg. No. 2017/12/5553

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Shop No. 101 to 105, 1st Floor,  
Kshiro Building, 1st Cross Road,  
Near Thunga Market, Mira-Bdy. Road,  
Mira Road (East), Dist. Thane - 401 105  
Phone - 022 - 61760000



**भारत सरकार**  
**Government of India**

**भारतीय विशिष्ट पहचान प्राधिकरण**  
**Unique Identification Authority of India**

समावेश क्रमांक / Enrollment No. 0000100749-041

To  
शुबी रविंद्र अणेकर  
Shubh Ravi Anekar  
F 034 SALASAR AANGAN CO OP HOUSING SOCIETY  
KANAKIA ROAD  
MIRA ROAD EAST THANE NEAR RONAK FINE CHEM  
VTC Thane  
PO: Mira Road  
District: Thane  
State: Maharashtra  
PIN Code: 401107  
Mobile: 9769261863

100130124



MG001301245F1



आपका आधार क्रमांक / Your Aadhaar No

**9426 3988 5209**

मेरा आधार, मेरी पहचान



**भारत सरकार**  
**Government of India**

Issue Date: 13/05/2012



शुबी रविंद्र अणेकर  
Shubh Ravi Anekar  
जन्म तिथि: DOB: 02/10/1989  
लिंग: Female

**DR. ANITA SHROTRIHARY**

**9426 3988 5209**

मेरा आधार, मेरी पहचान

*S.V. Rane*

*Amit*

**SUBURBAN**  
Kashi  
Near Talo  
Mira Road  
Village No. 611000000  
**PT. LTD.**  
Mumbai  
Mira Road,  
Thane - 401 105

**GOVERNMENT OF INDIA**  
**2/5553**

# SUBURBAN DIGNOSTICS BHAYANDER

12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

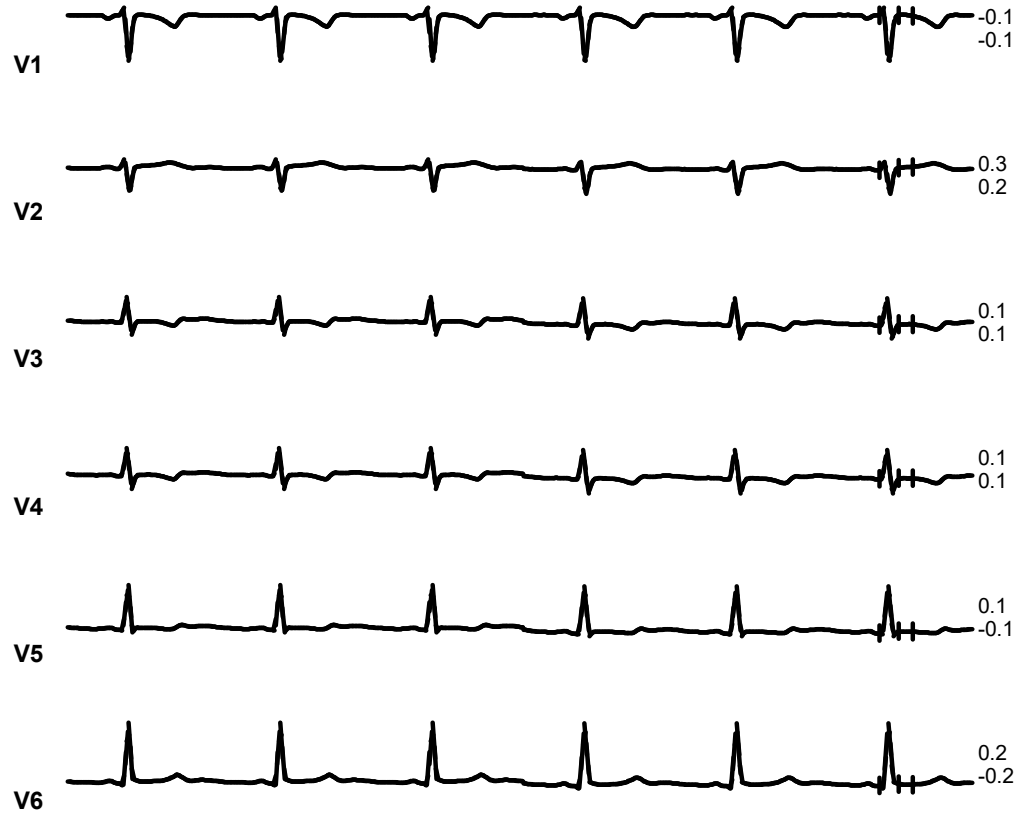
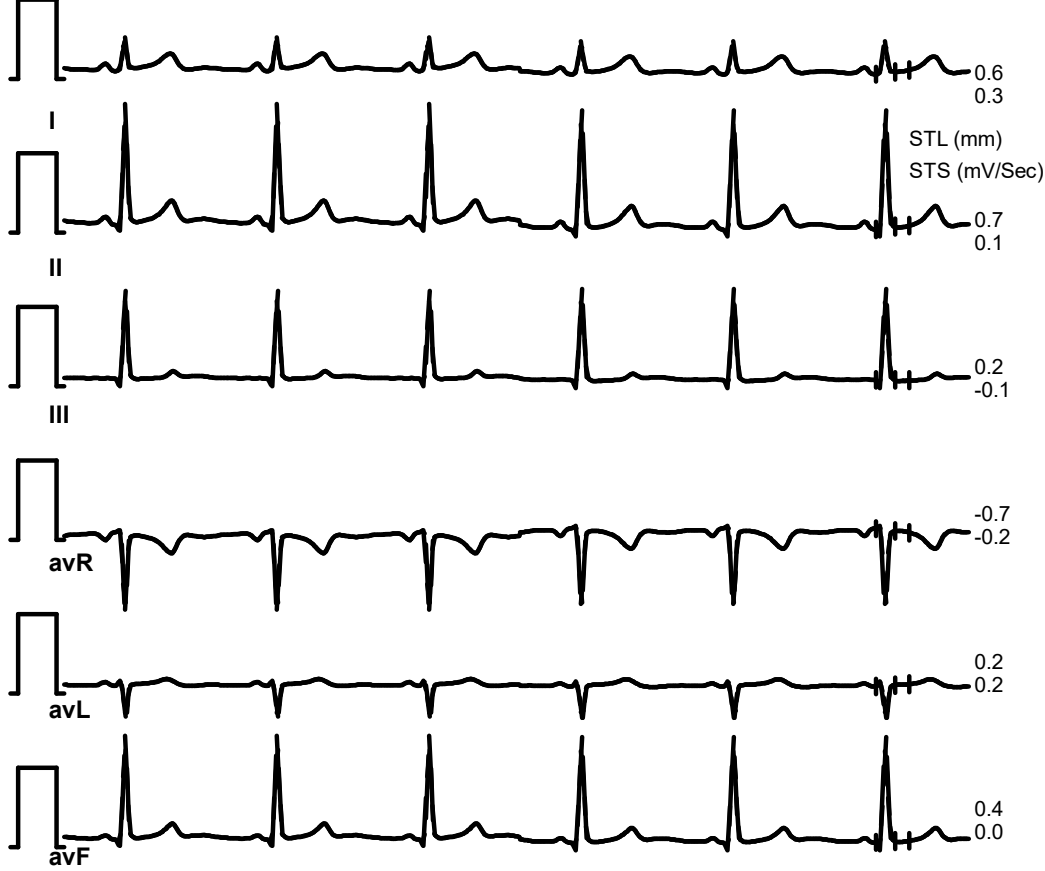
## 6X2 Combine Medians + 1 Rhythm

ExStart



Date: 25 / 11 / 2023 09:31:09 AM METs : 1.0 HR : 77 Target HR : 41% of 186 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

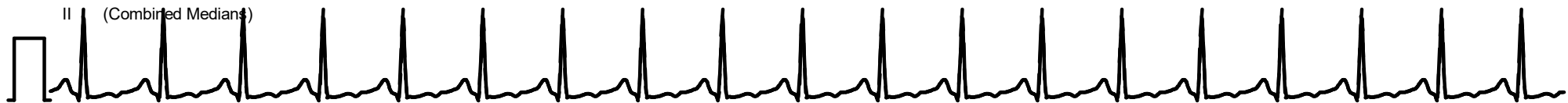
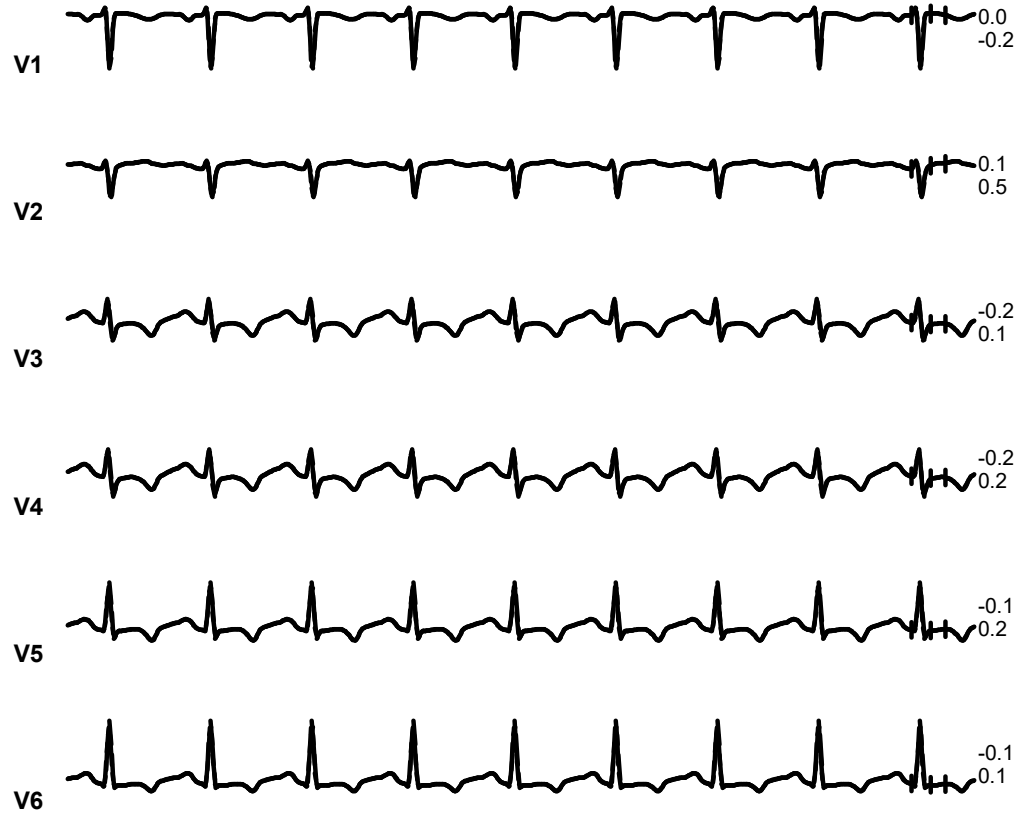
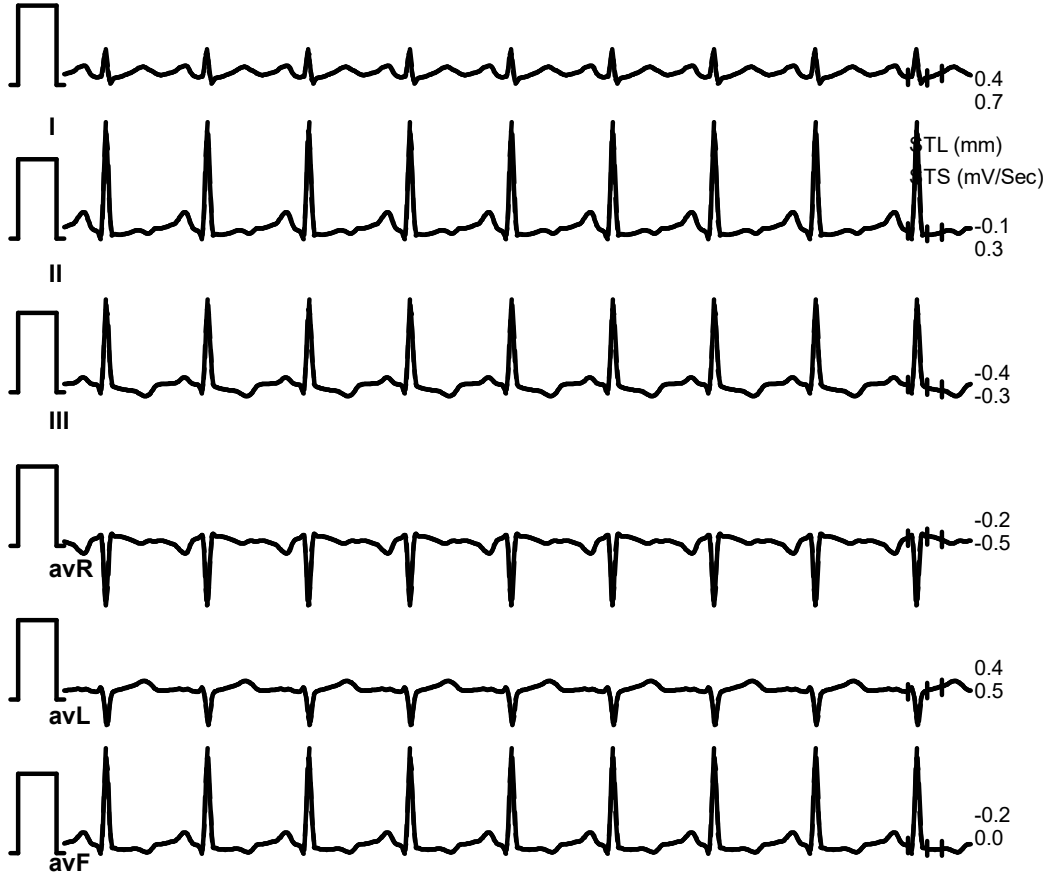
12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE:Stage 1(3:00)



Date: 25 / 11 / 2023 09:31:09 AM METs : 4.7 HR : 112 Target HR : 60% of 186 BP : 110/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

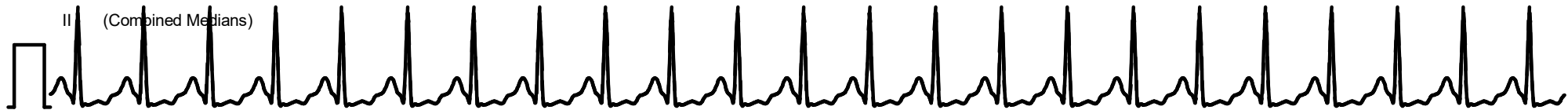
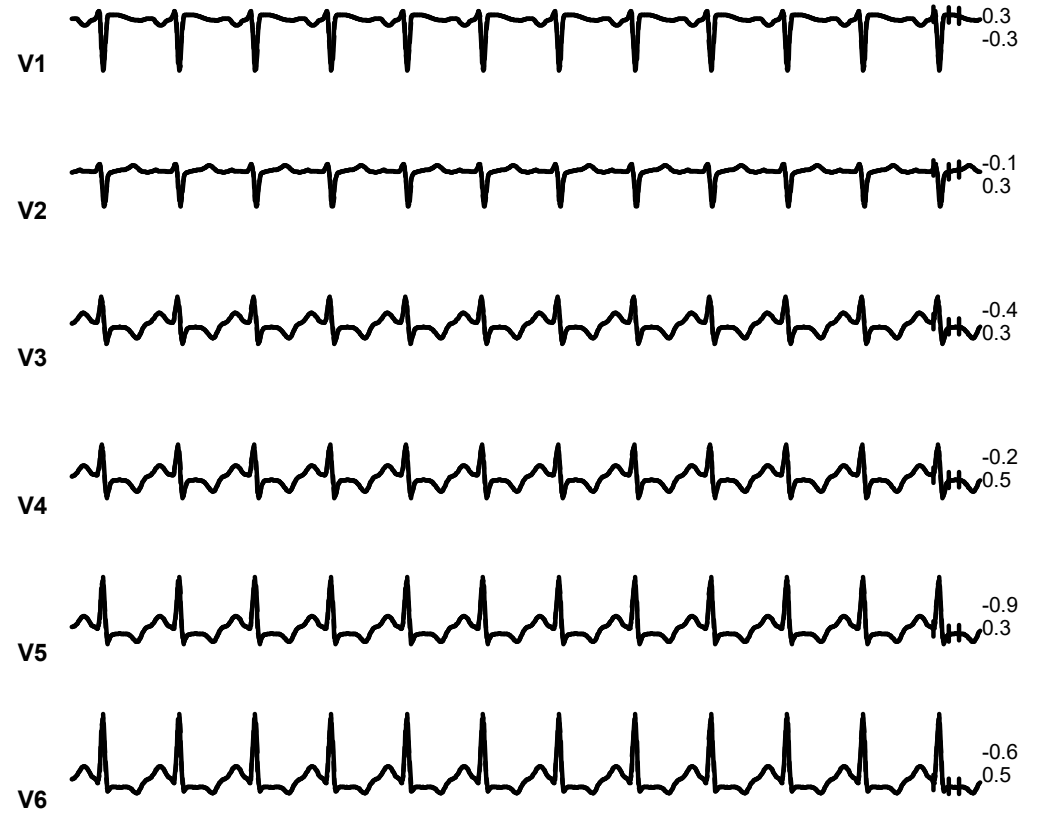
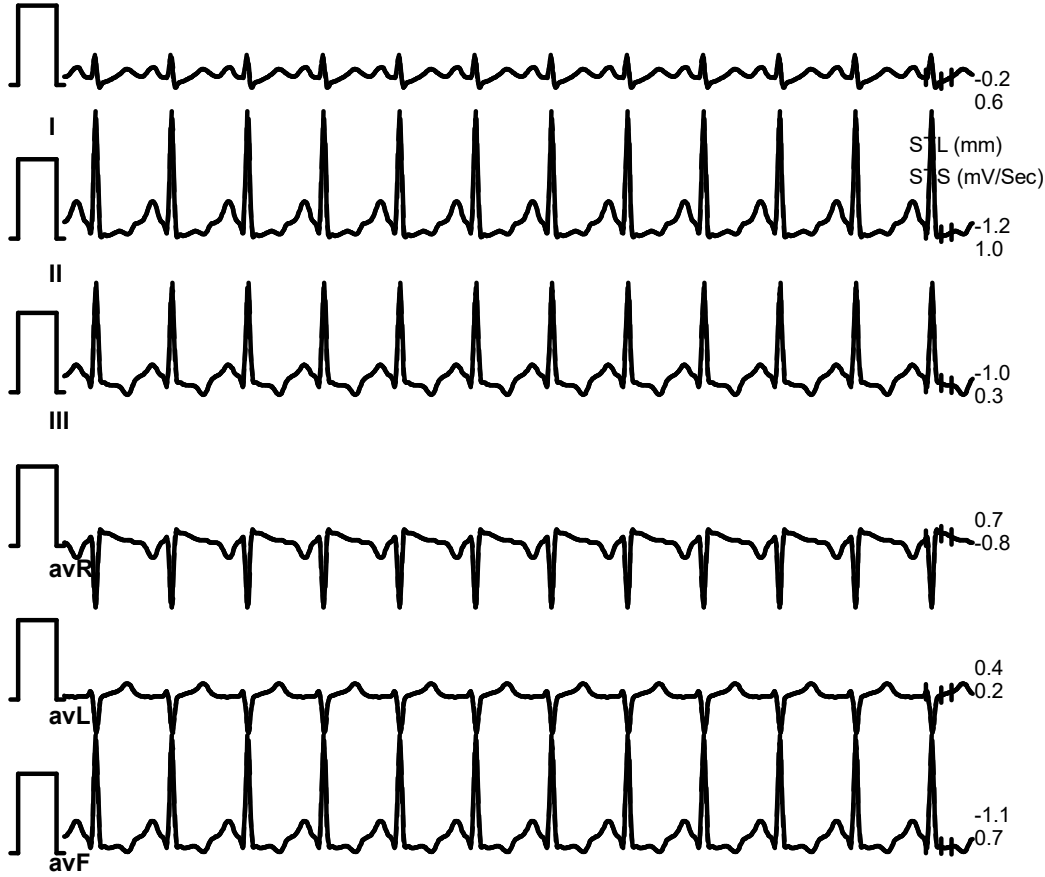
12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE:Stage 2(3:00)



Date: 25 / 11 / 2023 09:31:09 AM METs : 7.1 HR : 138 Target HR : 74% of 186 BP : 120/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIGNOSTICS BHAYANDER

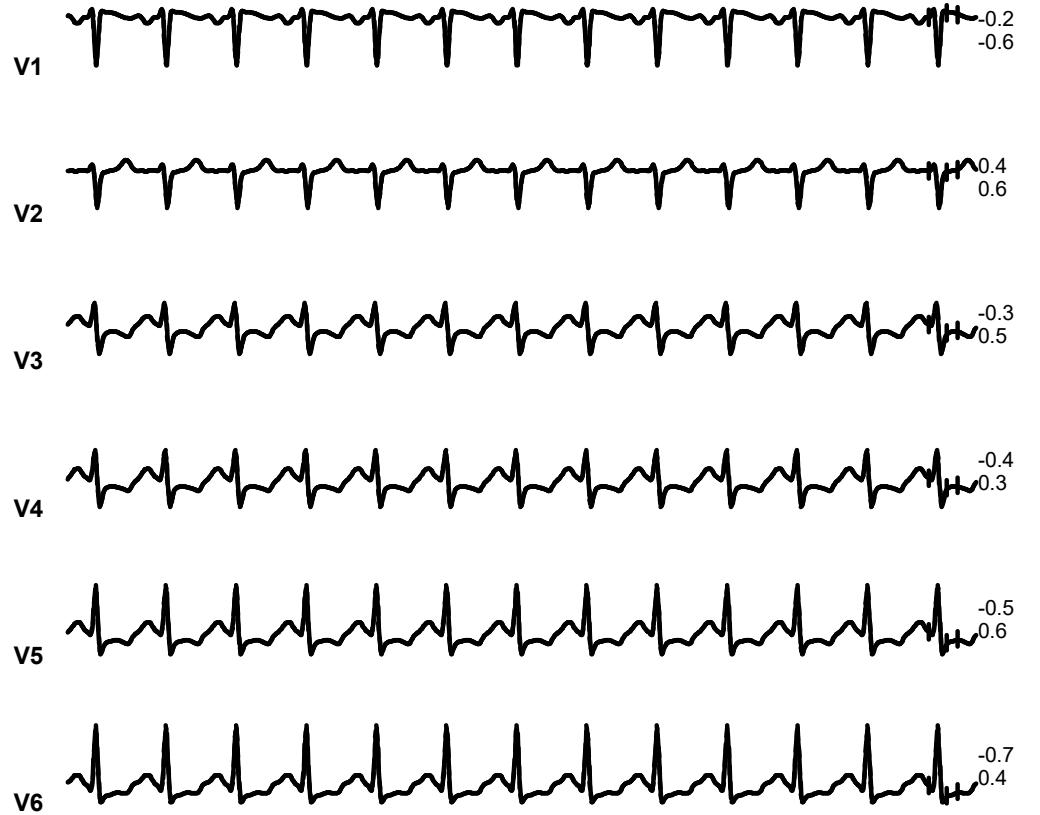
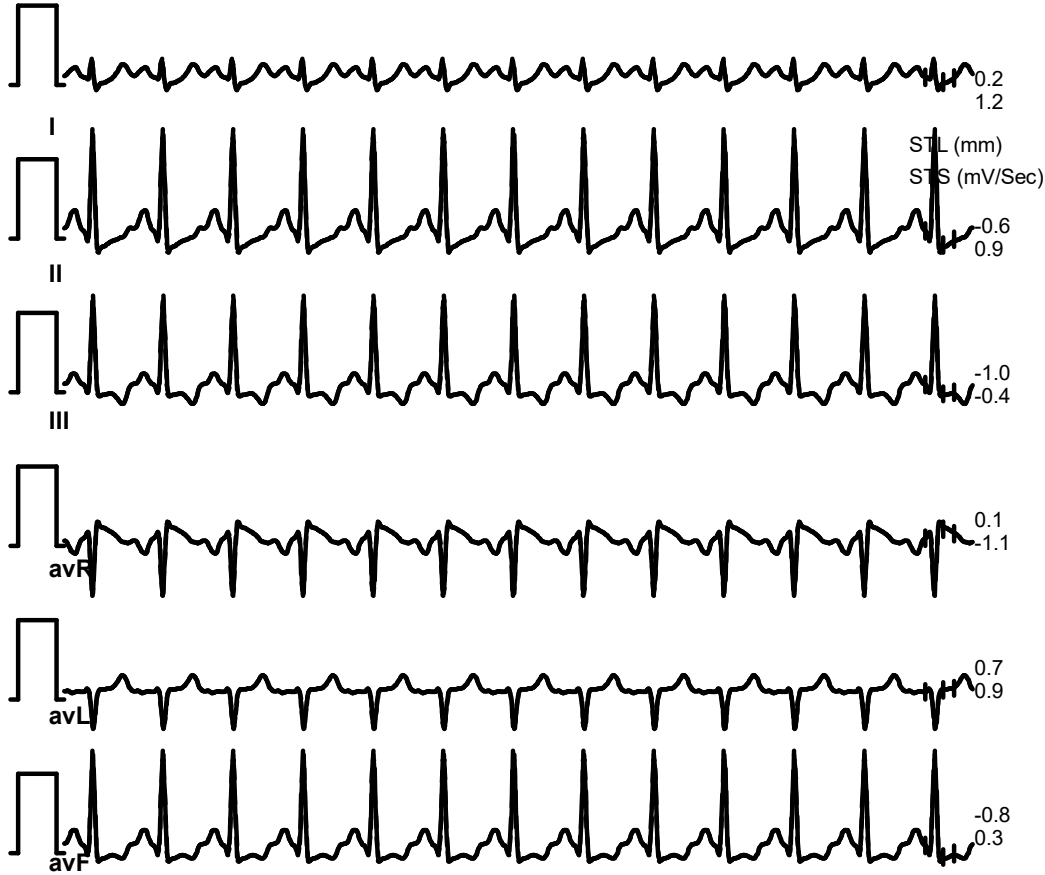
12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 25 / 11 / 2023 09:31:09 AM METs : 9.4 HR : 160 Target HR : 86% of 186 BP : 140/80 Post J @60mSec

ExTime: 08:14 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

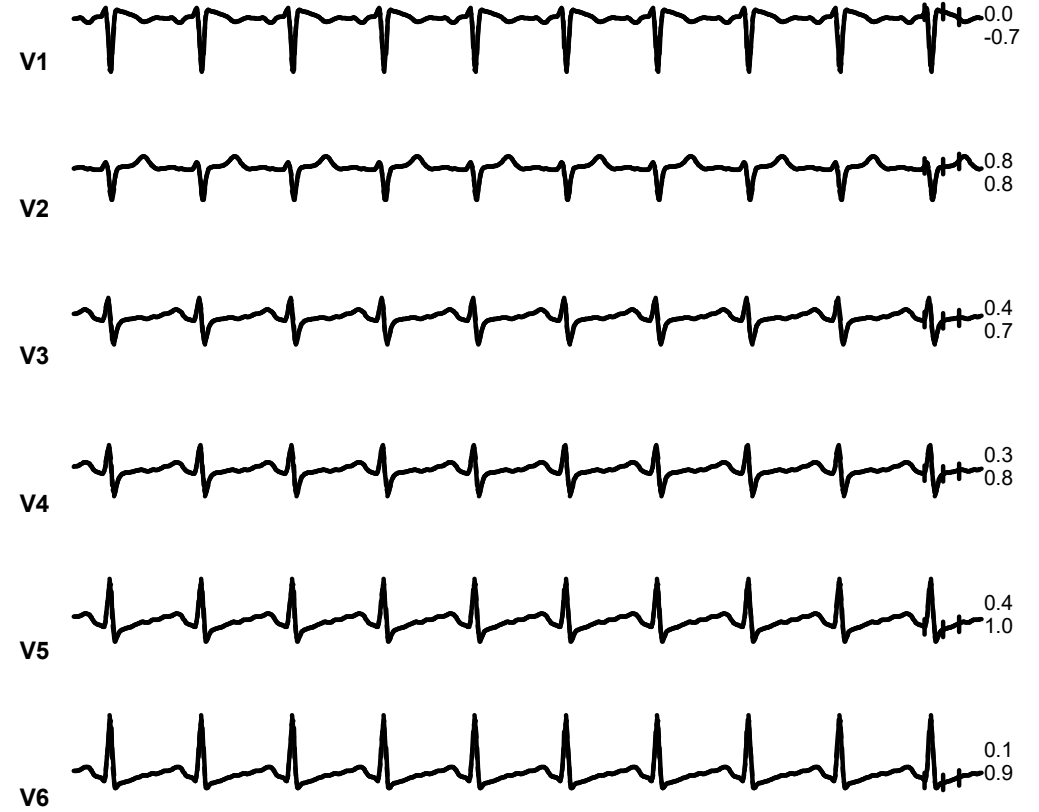
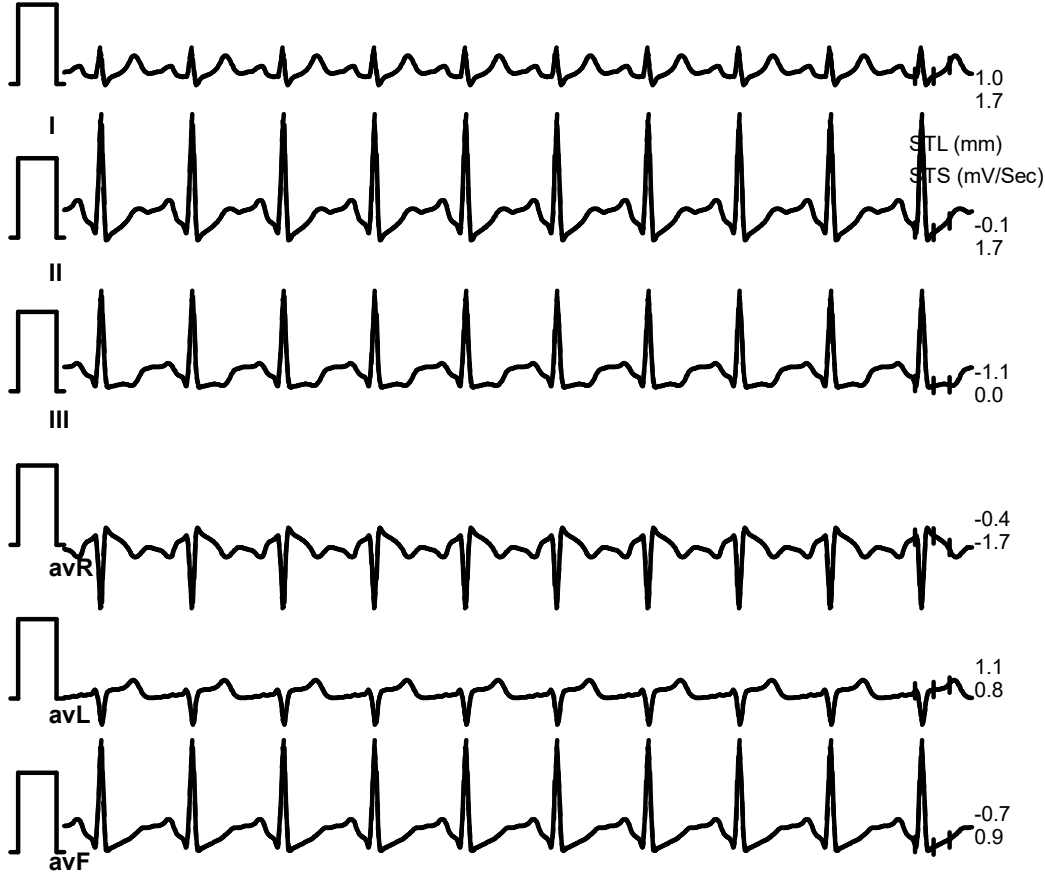
12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery(1:00)



Date: 25 / 11 / 2023 09:31:09 AM METs : 1.1 HR : 117 Target HR : 63% of 186 BP : 160/80 Post J @80mSec

ExTime: 08:14 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

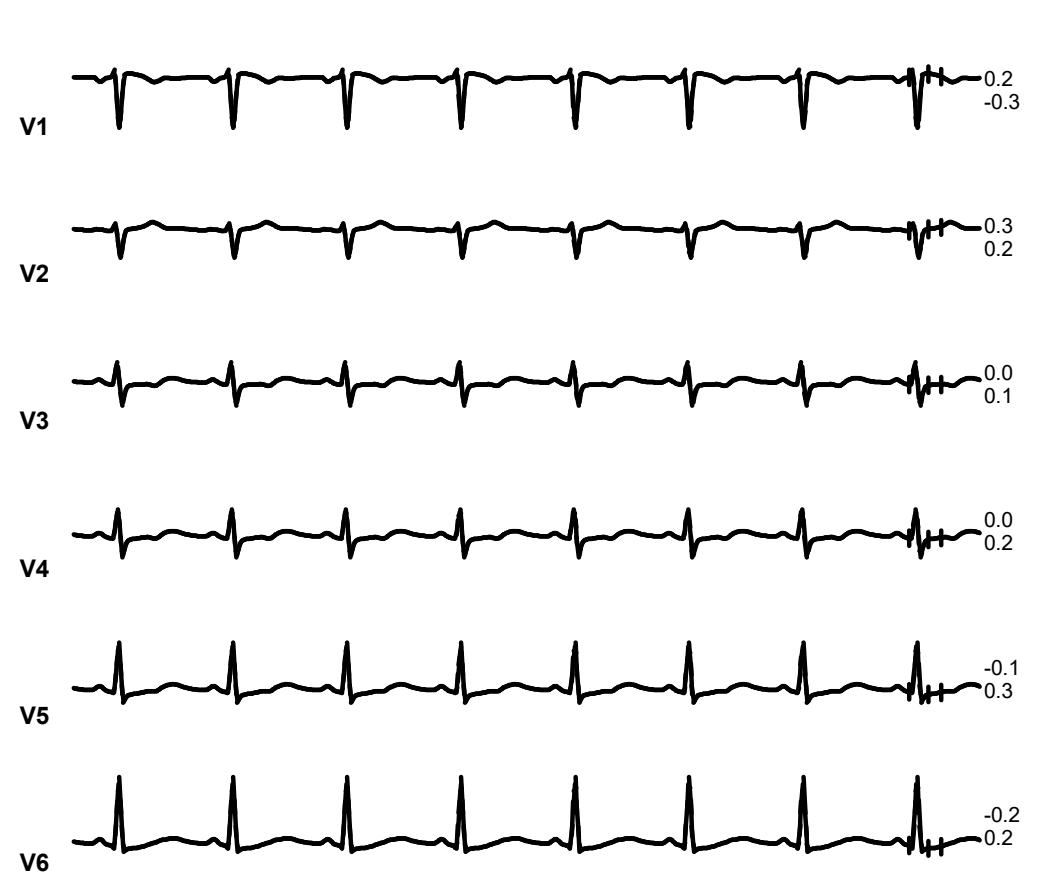
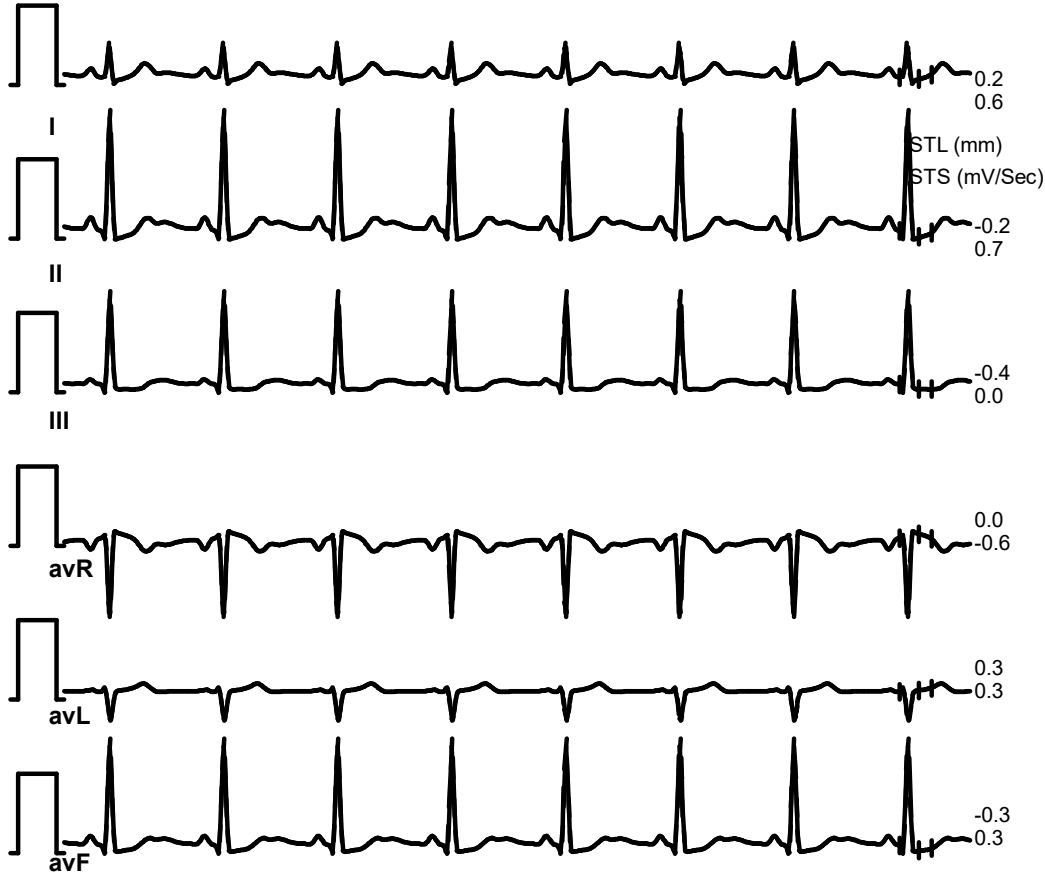
## 6X2 Combine Medians + 1 Rhythm

Recovery(2:00)



Date: 25 / 11 / 2023 09:31:09 AM METs : 1.0 HR : 99 Target HR : 53% of 186 BP : 150/80 Post J @80mSec

ExTime: 08:14 Speed: 0.0 mph Grade : 00.10 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

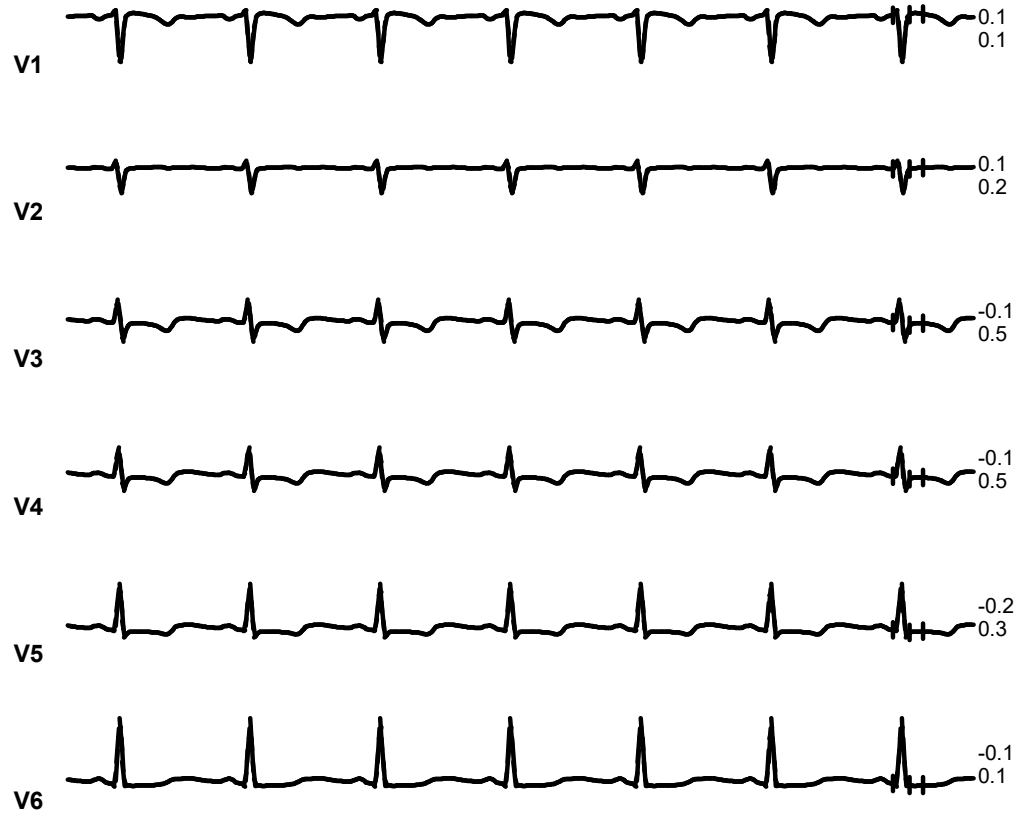
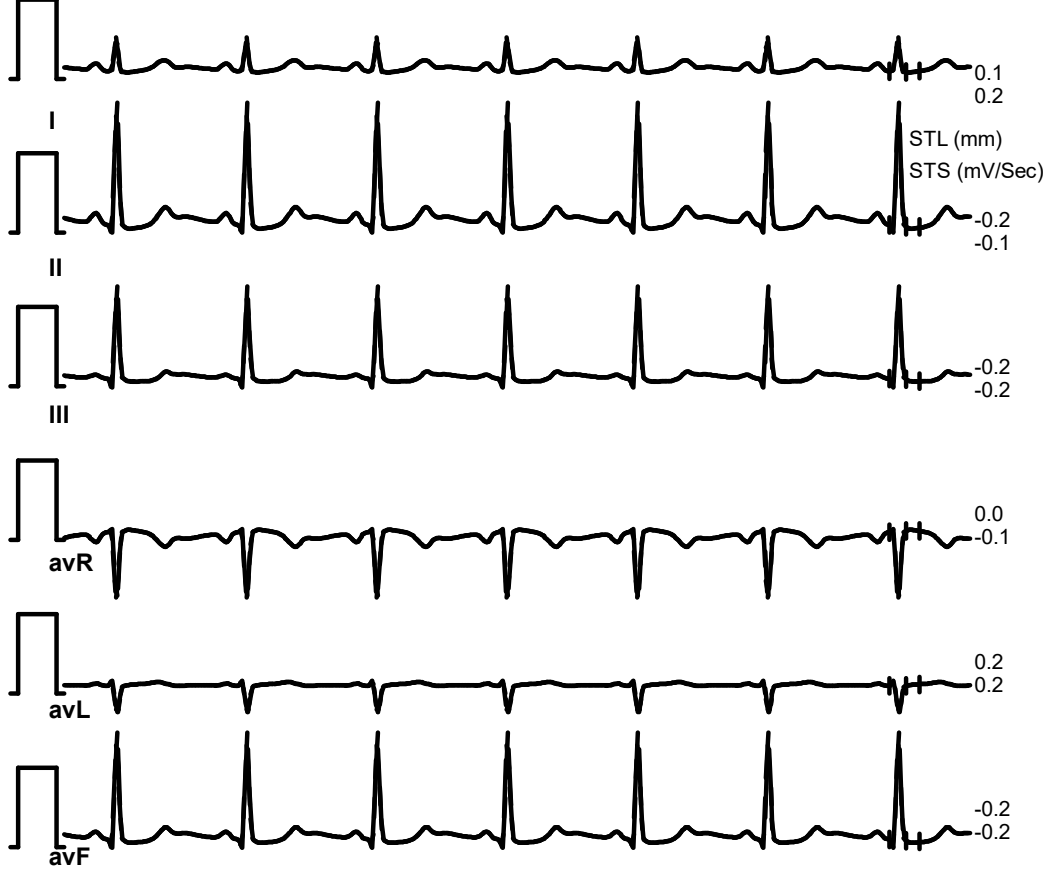
12346831 / SHRUTI ANEKAR / 34 Yrs / Female / 161 Cm / 65 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery(4:00)



Date: 25 / 11 / 2023 09:31:09 AM METs : 1.0 HR : 87 Target HR : 47% of 186 BP : 130/80 Post J @80mSec

ExTime: 08:14 Speed: 0.0 mph Grade : 00.10 % 25 mm/Sec. 1.0 Cm/mV





**CID** : 2332920529  
**Name** : Mrs SHRUTI ANEKAR  
**Age / Sex** : 34 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 25-Nov-2023  
**Reported** : 25-Nov-2023/14:11

**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.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2332920529  
**Name** : Mrs SHRUTI ANEKAR  
**Age / Sex** : 34 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 25-Nov-2023  
**Reported** : 25-Nov-2023/14:11