



भारत सरकार  
Government of India



Issue Date: 19/03/2015



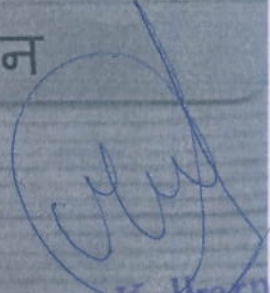
वैष्णवी उमेश चतुरकर  
Vaishnavi Umesh Chaturkar

जन्म तारीख / DOB: 31/10/2000  
महिला / Female

2411 9440 3663

2411 9440 3663

मेरा आधार, मेरी पहचान

  
Dr. Manasee Kulkarni  
M.B.B.S  
2005/09/3439

**PHYSICAL EXAMINATION REPORT**

Patient Name	Vaishnavi Chaturkar	Sex/Age	F/21
Date	20/2/23	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	159	Temp (0c):	37.8
Weight (kg):	52.9	Skin:	NAD!
Blood Pressure	130/90	Nails:	
Pulse	26/min	Lymph Node:	

**Systems :**

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

**Impression:**

Chest Xray - ↑ B/L BV Prominence.



Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	Nil
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	Nil
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

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

*Manasee Kulkarni*

**Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439

Date:- 20/9/23

CID:

Name:- Keshavi  
Chaturvedi

Sex / Age: F-21

**EYE CHECK UP**

Chief complaints: PCV

Systemic Diseases: All

Past history: All

Unaided Vision: BC 6/6 XNUMX NB

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

**MR. PRAKASH KUDVA**  
*Prakash*  
**SR. OPTOMETRIST**



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Application To Scan the Code

CID : 2305100988  
Name : MRS.VAISHNAVI U CHATURKAR  
Age / Gender : 22 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Feb-2023 / 09:42  
Reported : 20-Feb-2023 / 11:53

**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	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	3.81	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	98.4	80-100 fl	Calculated
MCH	32.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5140	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	43.5	20-40 %	
Absolute Lymphocytes	2235.9	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	370.1	200-1000 /cmm	Calculated
Neutrophils	46.5	40-80 %	
Absolute Neutrophils	2390.1	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	143.9	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	273000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated

**RBC MORPHOLOGY**

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Hypochromia	-
Microcytosis	-
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                      24                      2-20 mm at 1 hr.                      Sedimentation

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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	65.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.19	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	10.1	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.1	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	93.0	35-105 U/L	PNPP
BLOOD UREA, Serum	11.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.3	6-20 mg/dl	Calculated

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Reported : 20-Feb-2023 / 15:21

CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	150	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Pathologist



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Reported : 20-Feb-2023 / 11:55

**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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Reported : 20-Feb-2023 / 15:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	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 insert

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



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Reported : 20-Feb-2023 / 13:06

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

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

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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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Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 20-Feb-2023 / 11:53

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	124.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.1	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	45.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	78.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	67.0	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	11.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	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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Reported : 20-Feb-2023 / 13:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.63	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 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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Reported : 20-Feb-2023 / 19:56

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**PPUS and KETONES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

AREA OF SPECIAL EXPERTISE

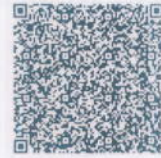
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**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 20-Feb-2023  
**Reported** : 20-Feb-2023 / 11:18

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

**KIDNEYS:** Right kidney measures 9.6 x 3.5 cm. Left kidney measures 10.1 x 3.9 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 anteverted and measures 4.6 x 2.5 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022009351499>



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**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

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Reported : 20-Feb-2023 / 12:37

**X-RAY CHEST PA VIEW**

**There is evidence of mildly increased bilateral bronchovascular prominence.**

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**Suggest clinico pathological co-relation.**

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

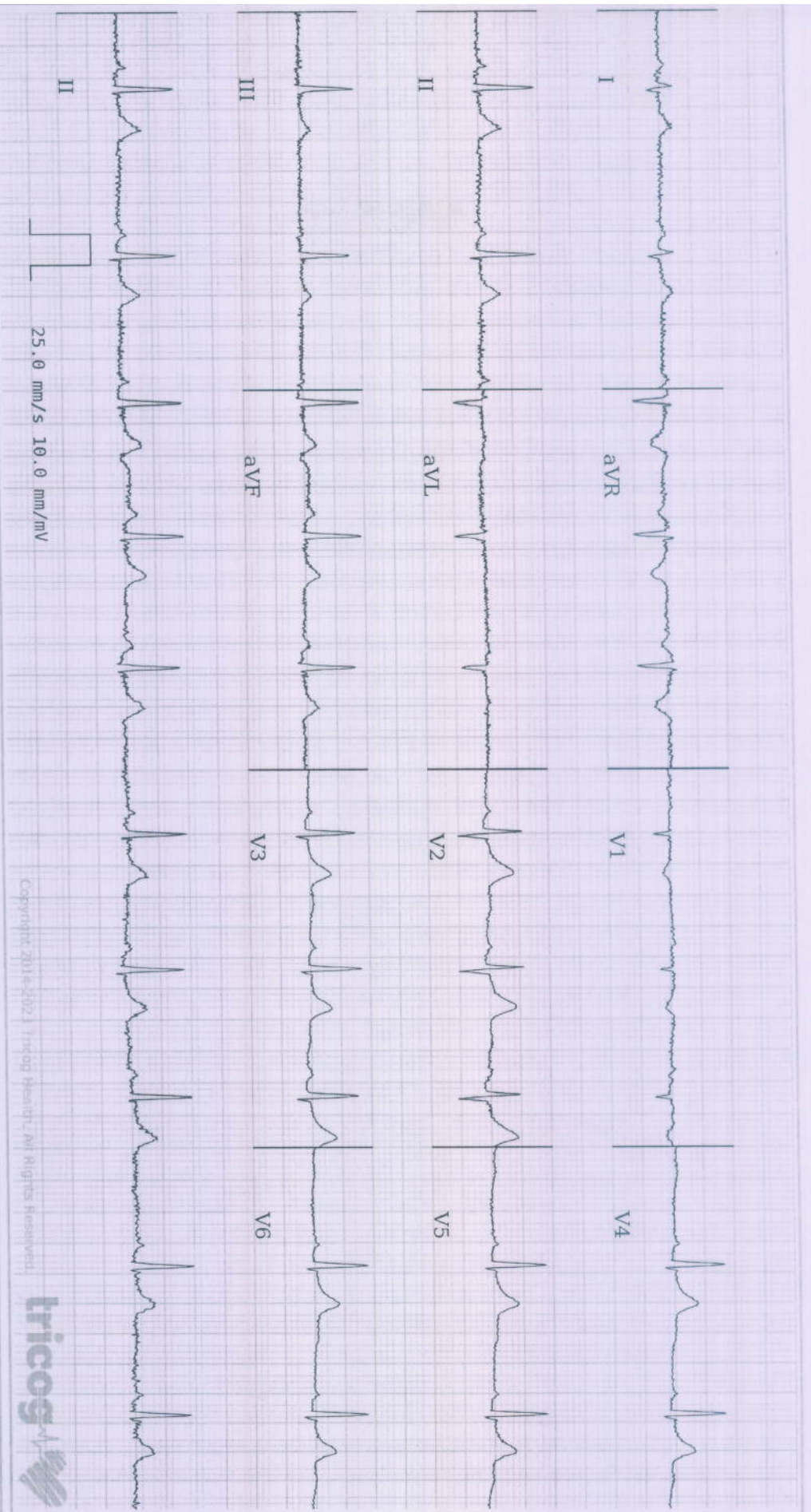
Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022009351511>



Patient Name: VAISHNAVI U CHATURKAR

Date and Time: 20th Feb 23 10:26 AM

Patient ID: 2305100988



25.0 mm/s 10.0 mm/mV

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Age **22** 3 **20**  
years months days

Gender **Female**

Heart Rate **64bpm**

Patient Vitals

BP: 130/90 mmHg  
Weight: 52 kg  
Height: 159 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 66ms  
QT: 378ms  
QTc: 389ms  
PR: 138ms  
P-R-T: 28° 90° 61°

REPORTED BY

DR SHAIJAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

ECG Within Normal Limits: Sinus Rhythm, 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 DIAGNOSTICS (THANE GB ROAD)

Report



Email:

464 (2305100988) / VAISHNAVI CHATURKAR / 22 Yrs / F / 159 Cms / 52 Kg  
 Date: 20 / 02 / 2023 12:05:23 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	075	38 %	130/90	097	00	
Standing	00:17	0:08	00.0	00.0	01.0	064	32 %	130/90	083	00	
HV	00:26	0:09	00.0	00.0	01.0	069	35 %	130/90	089	00	
ExStart	00:33	0:07	00.0	00.0	01.0	069	35 %	130/90	089	00	
BRUCE Stage 1	03:33	3:00	01.7	10.0	04.7	130	66 %	140/90	182	00	
BRUCE Stage 2	06:33	3:00	02.5	12.0	07.1	147	74 %	150/90	220	00	
PeakEX	07:44	1:11	03.4	14.0	08.3	168	85 %	160/90	268	00	
Recovery	08:44	1:00	00.0	00.0	01.1	119	60 %	160/90	190	00	
Recovery	09:44	2:00	00.0	00.0	01.0	113	57 %	140/90	158	00	
Recovery	11:44	4:00	00.0	00.0	01.0	099	50 %	140/90	138	00	
Recovery	11:53				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 07:11  
 Initial HR (ExStrt) : 69 bpm 35% of Target 198  
 Initial BP (ExStrt) : 130/90 (mm/Hg)  
 Max Workload Attained : 8.3 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -0.8 mm in PeakEX  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 168 bpm 85% of Target 198  
 Max BP Attained 160/90 (mm/Hg)

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

Doctor : DR SHAILAJA PILLAI







EMail: 464 / VAISHNAVI CHATURKAR / 22 Yrs / F / 159 Cms / 52 Kg Date: 20 / 02 / 2023 12:05:23 PM

REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 64.0 bpm, and the maximum predicted Target Heart Rate 198.0. The BP increased at the time of generating report as 160.0/90.0 mmHg. The Max Dep went upto 0.7. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED.)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE ( 00:01 )

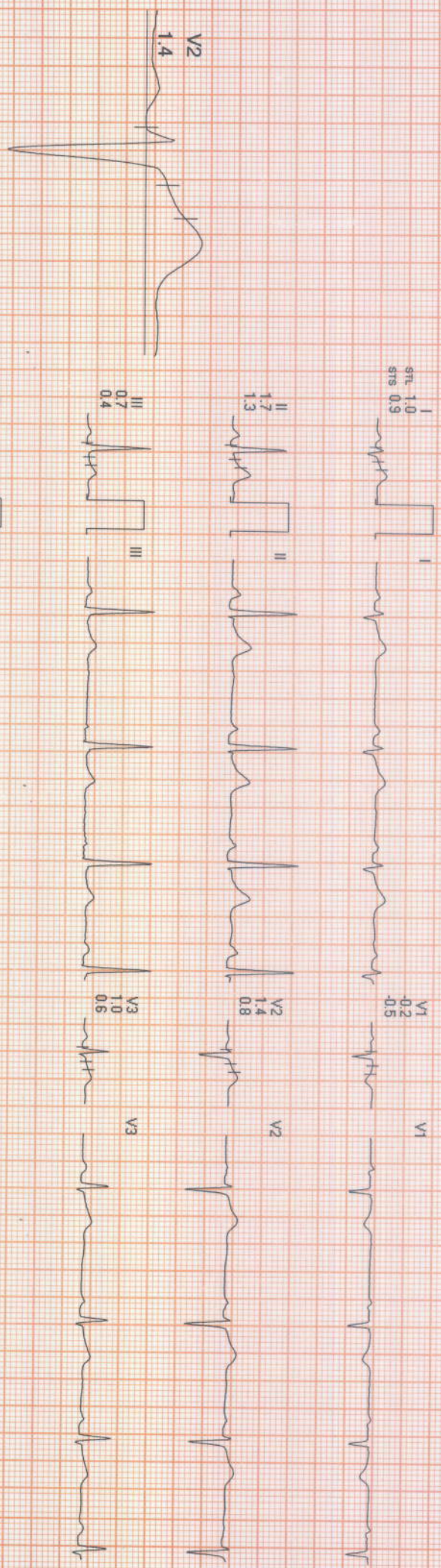


464 (2305100988) / VAISHNAVI CHATURKAR / 22 Yrs / F / 159 Cms / 52 Kg / HR : 75

Date: 20 / 02 / 2023 12:05:23 PM METS: 1.0/ 75 bpm 38% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



REMARKS:





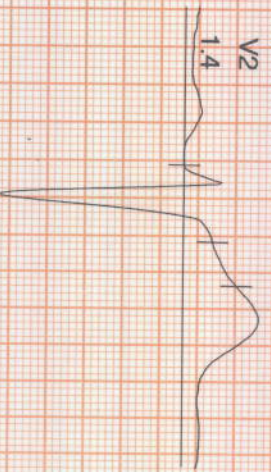


464 (2305100988) / VAISHNAVI CHATURKAR / 22 Yrs / F / 159 Cms / 52 Kg / HR : 64

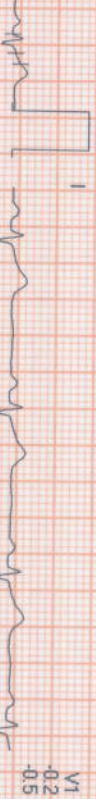
Date: 20 / 02 / 2023 12:05:23 PM METS: 1.0/ 64 bpm 32% of THR BP: 130/90 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 30 MS Post J

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



I  
sr 1.0  
rs 0.9



V1  
-0.2  
0.5

V1

II  
1.7  
1.3



V2  
1.4  
0.8

V2

III  
0.7  
0.4



V3  
1.0  
0.6

V3

aVR  
-1.4  
-1.1



V4  
1.0  
0.8

V4

aVL  
0.2  
0.2



V5  
1.9  
1.1

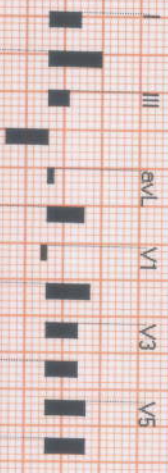
V5

aVF  
1.2  
0.9



V6  
1.3  
1.0

V6



II  
aVR  
aVF  
V2  
V4  
V6

REMARKS:





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

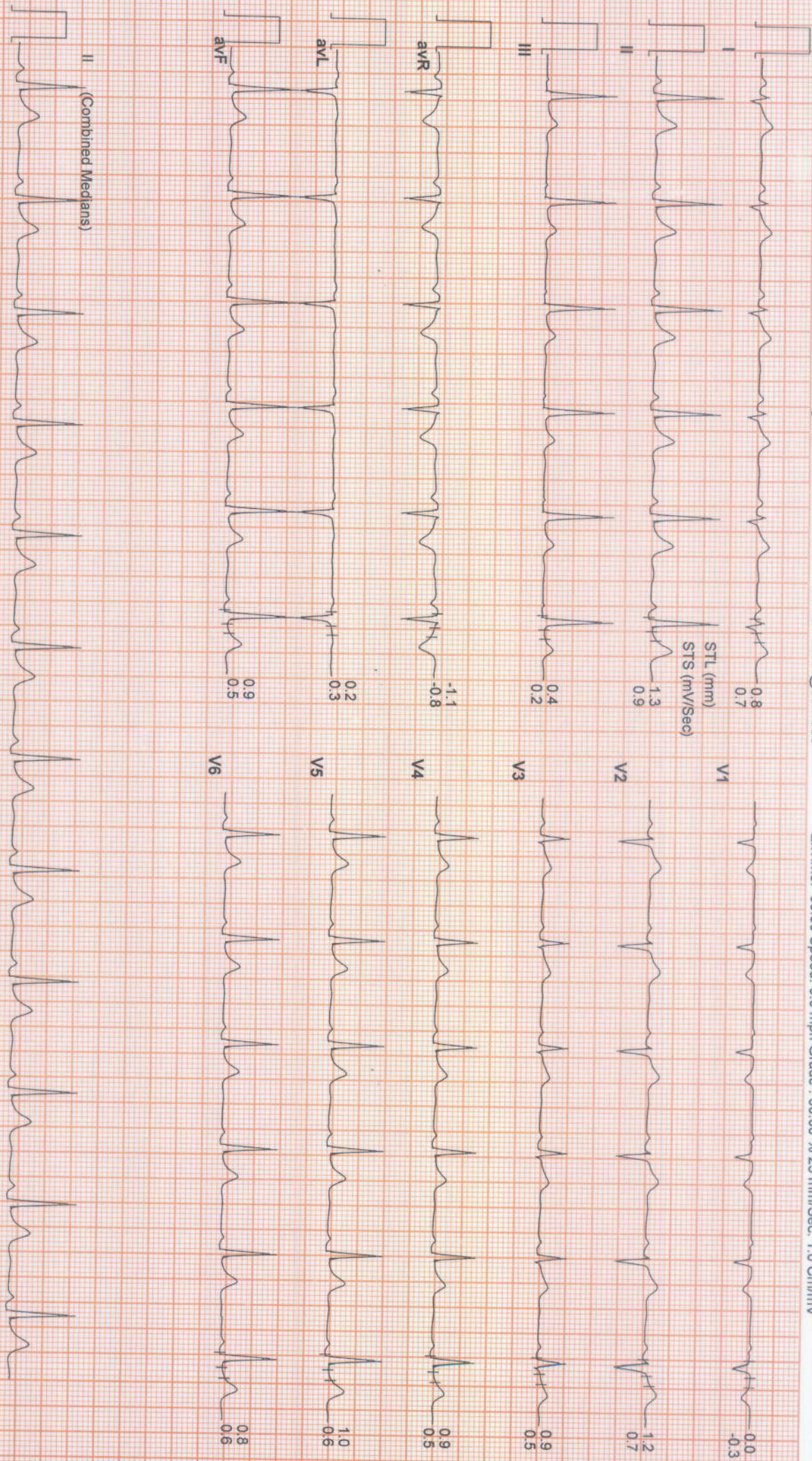
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

Date: 20 / 02 / 2023 12:05:23 PM METs : 1.0 HR : 69 Target HR : 35% of 198 BP : 130/90 Post J @80mSec

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

## 6X2 Combine Medians + 1 Rhythm

HV ( 00:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

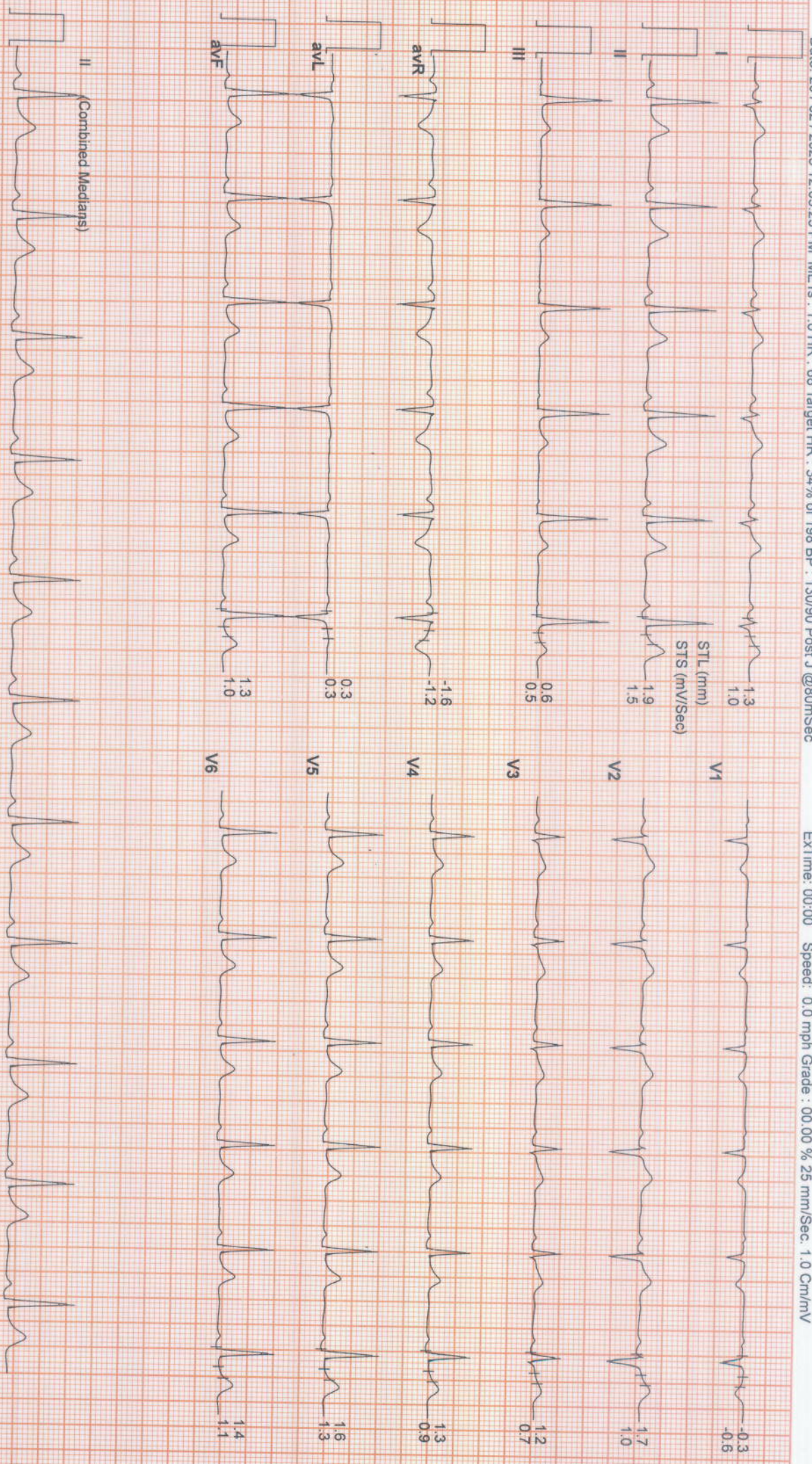
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

Date: 20 / 02 / 2023 12:05:23 PM METs : 1.0 HR : 68 Target HR : 34% of 198 BP : 130/90 Post J @80m/Sec

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

## 6X2 Combine Medians + 1 Rhythm

ExStt





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

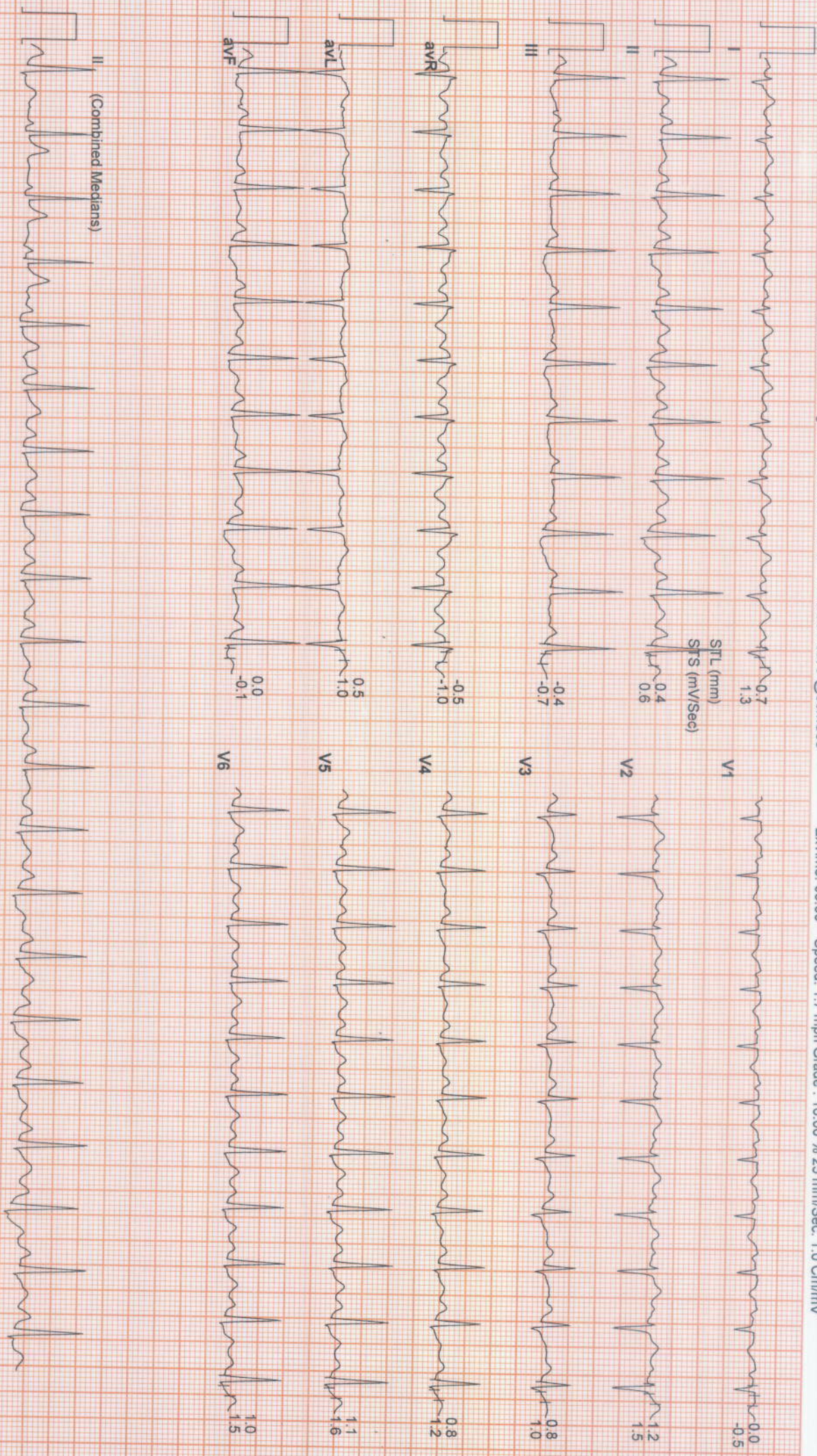
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )

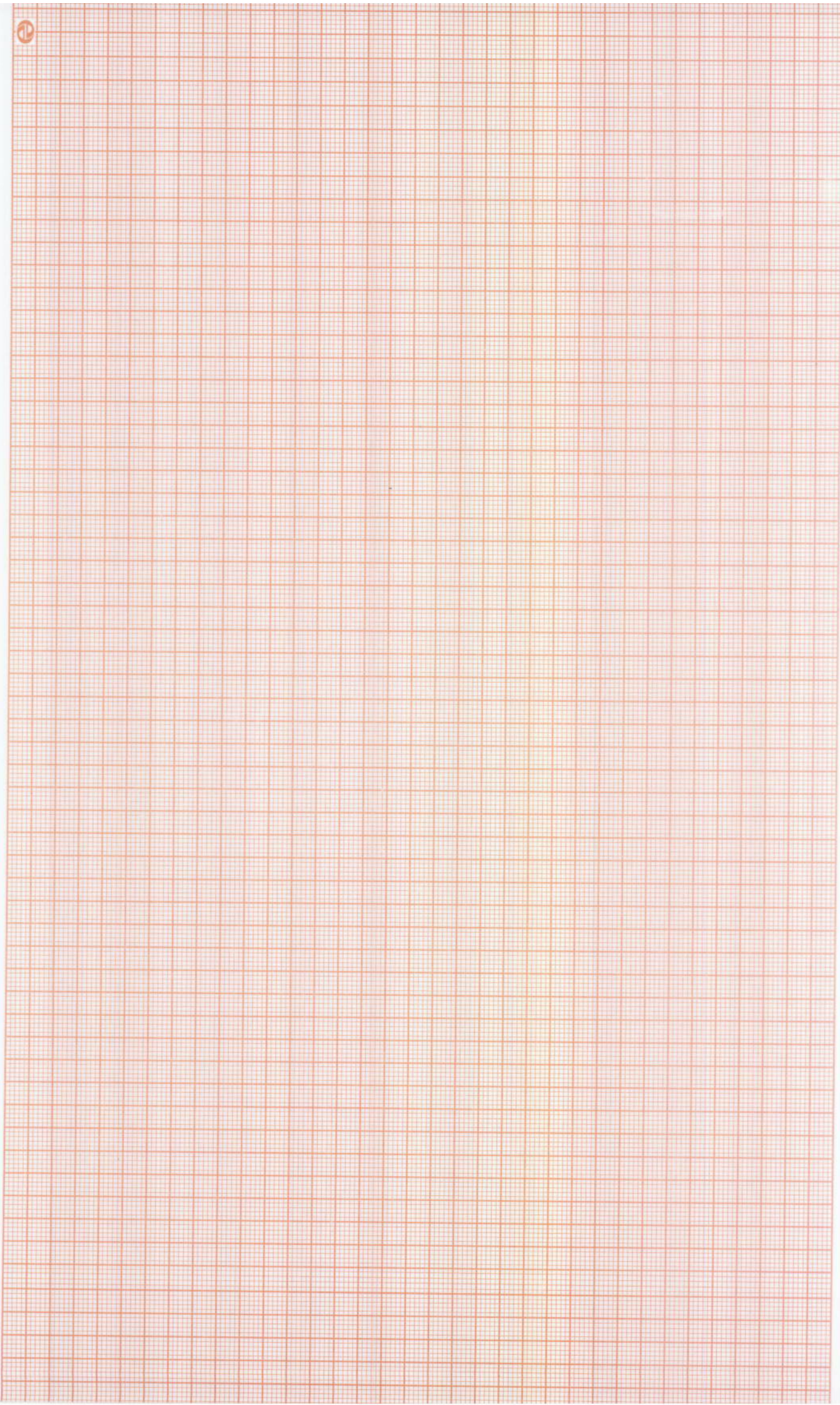


Date: 20 / 02 / 2023 12:05:23 PM METs : 4.7 HR : 128 Target HR : 65% of 198 BP : 140/90 Post J @80mSec

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









# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

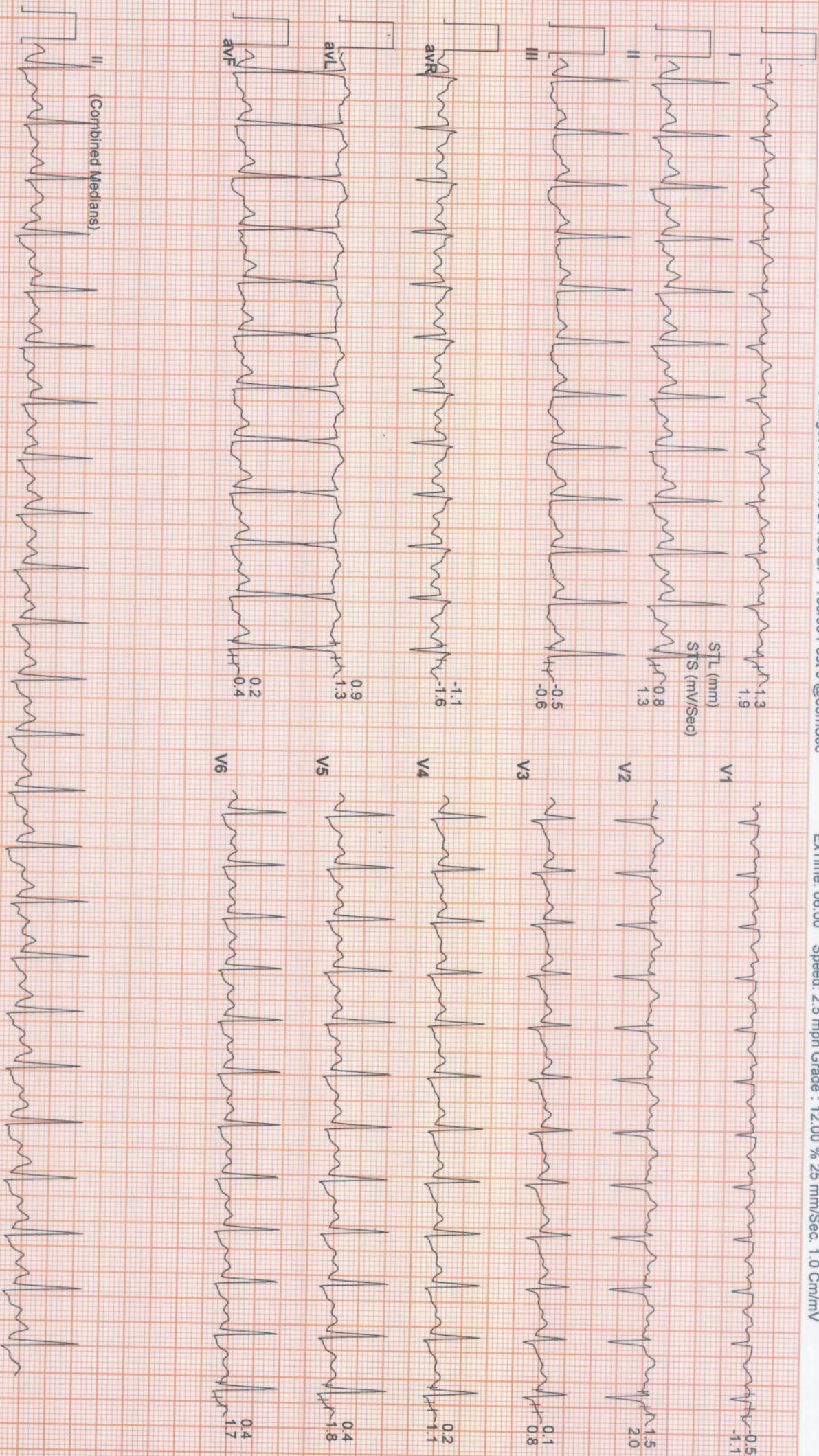
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

Date: 20 / 02 / 2023 12:05:23 PM METs : 7.1 HR : 146 Target HR : 74% of 198 BP : 150/90 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

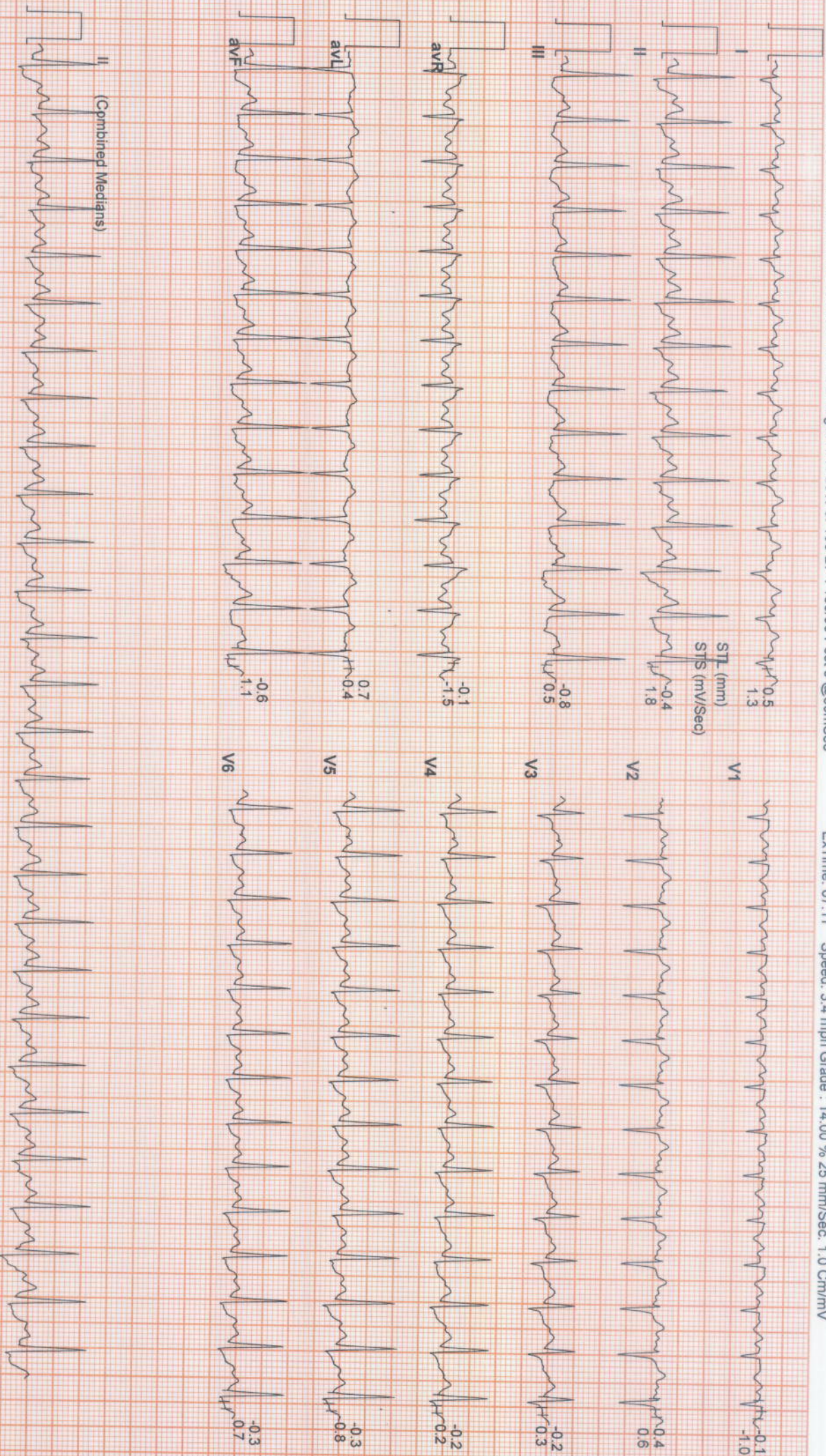
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 20 / 02 / 2023 12:05:23 PM METs : 8.3 HR : 168 Target HR : 85% of 198 BP : 160/90 Post J @60mSec

ExTime: 07:11 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

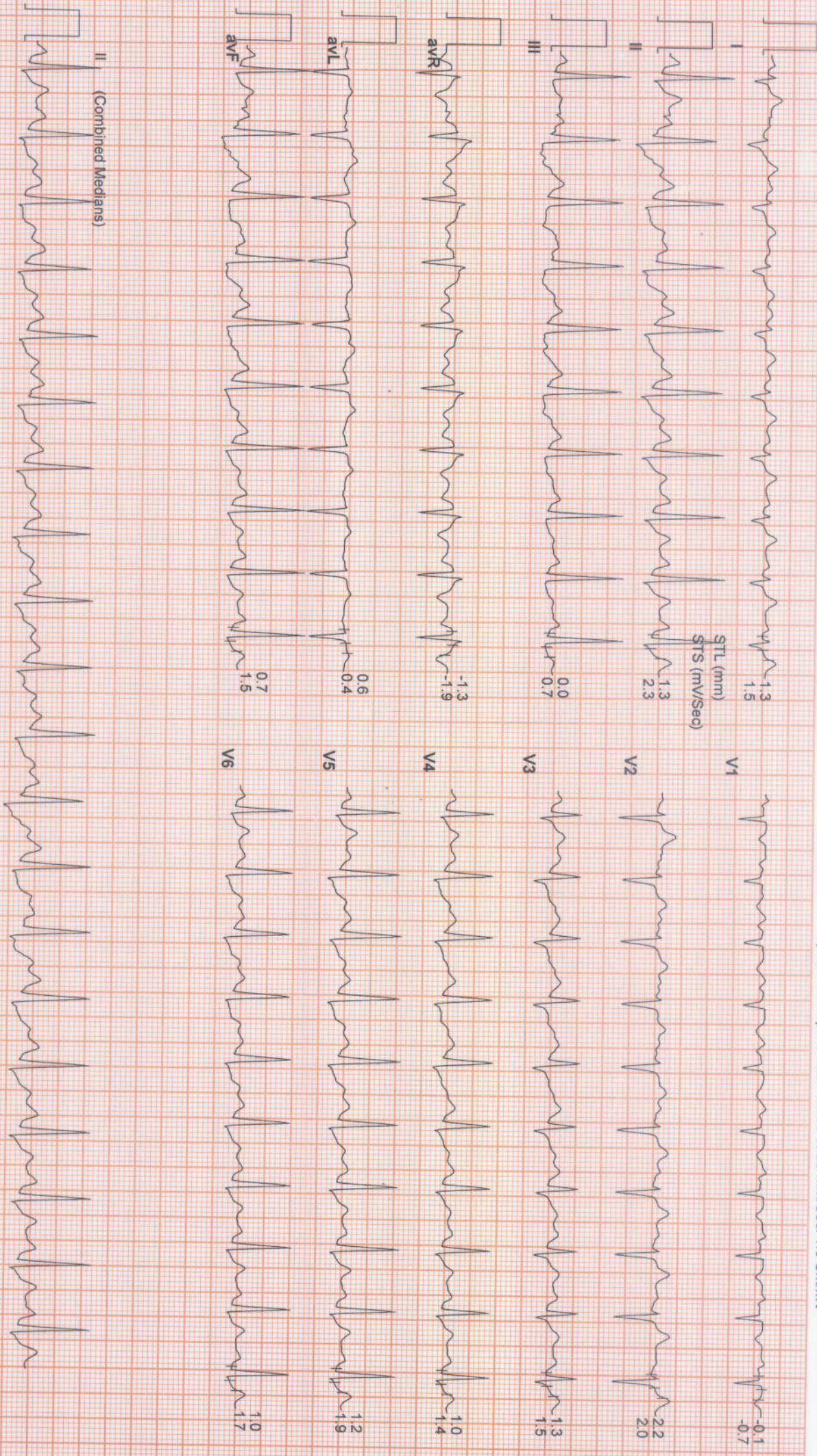
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



Date: 20 / 02 / 2023 12:05:23 PM METs : 1.1 HR : 119 Target HR : 60% of 198 BP : 160/90 Post J @80mSec

ExTime: 07:11 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

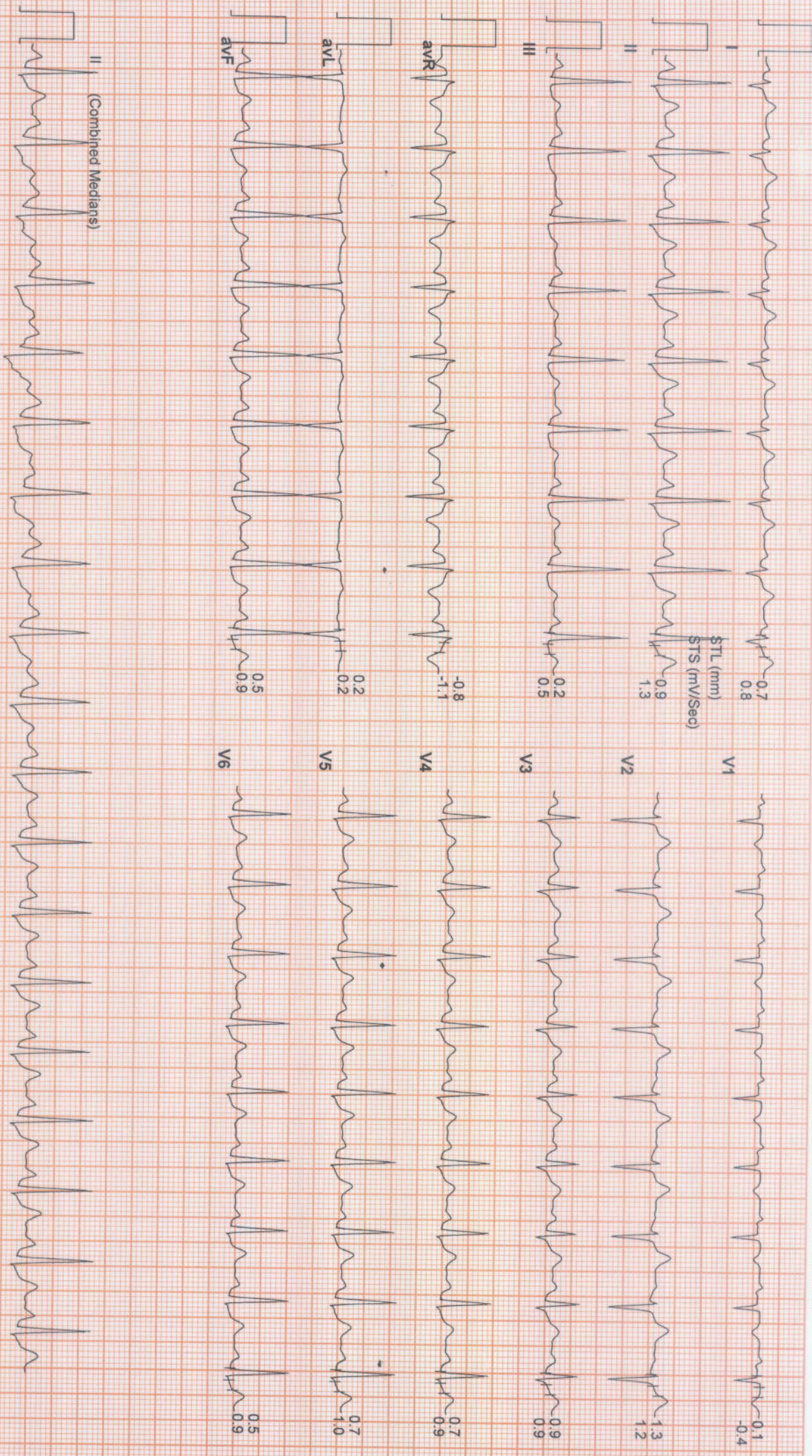
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



Date: 20 / 02 / 2023 12:05:23 PM METs : 1.0 HR : 113 Target HR : 57% of 198 BP : 140/90 Post J @80mSec

ExTime: 07:11 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

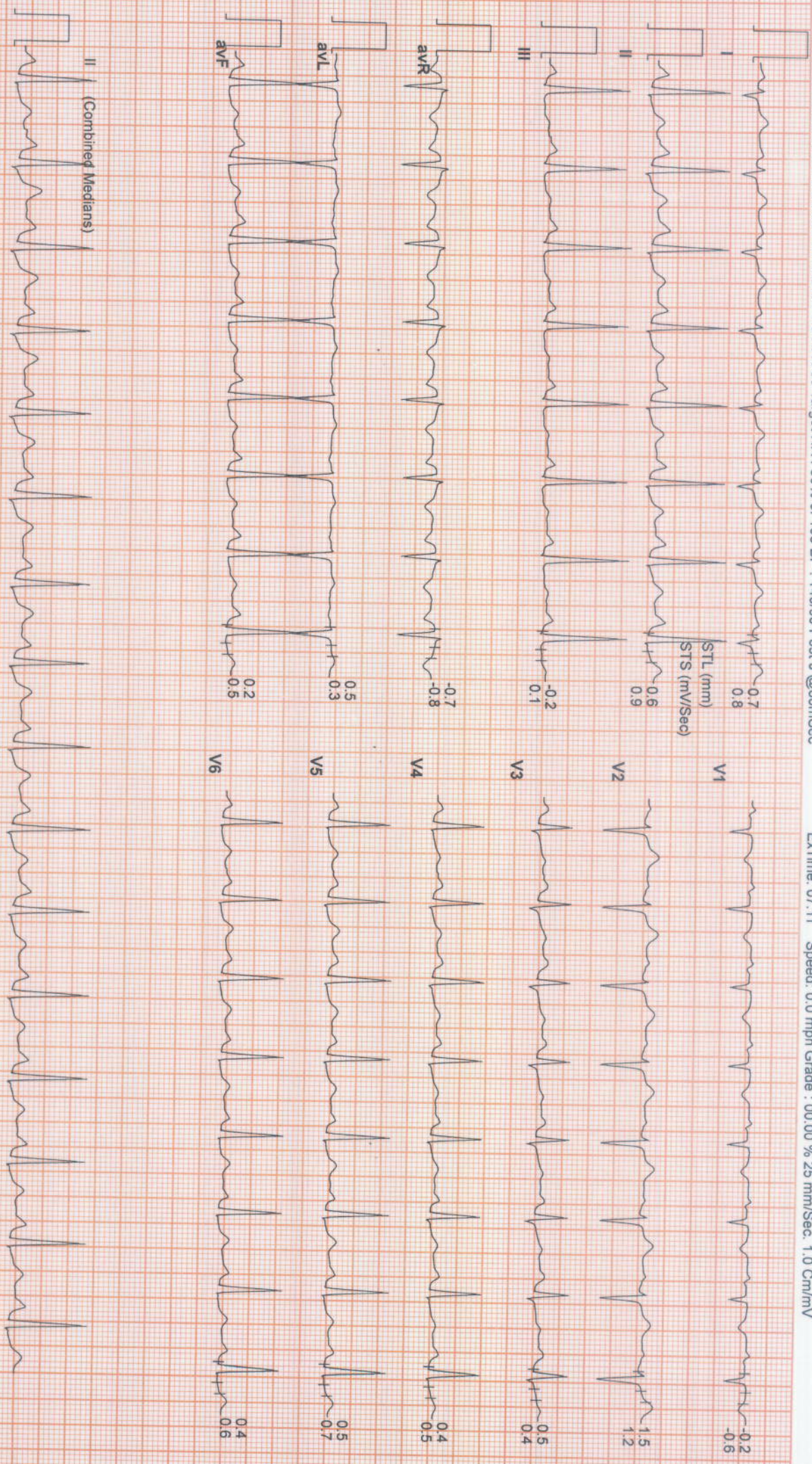
464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:00 )



Date: 20 / 02 / 2023 12:05:23 PM METs : 1.0 HR : 99 Target HR : 50% of 198 BP : 140/90 Post J @80mSec

ExTime: 07:11 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

464 / VAISHNAVI CHATURKAR / 22 Yrs / Female / 159 Cm / 52 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 04:09 )



Date: 20 / 02 / 2023 12:05:23 PM METs : 1.0 HR : 100 Target HR : 51% of 198 BP : 140/90 Post J @80mSec

ExTime: 07:11 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

