



Use a QR Code Scanner
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CID : 2302818794
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 11:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.37	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9090	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	3263.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	609.0	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	4945.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	245.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	27.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	249000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	21.6	11-18 %	Calculated



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Reported : 28-Jan-2023 / 12:03

RBC MORPHOLOGY

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, EDTA WB-ESR **28** 2-20 mm at 1 hr. Sedimentation

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



Bmhaskar

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



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Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 13:30

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	107.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.02	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.67	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	34.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	30.9	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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GAMMA GT, Serum	14.1	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	74.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	15.4	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	7.2	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.67	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Bmhaskar

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M.D. (PATH)
Pathologist



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Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 12:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 12:49

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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Kindly rule out contamination		

Note:Sample quantity less than 12ml.



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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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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Collected : 28-Jan-2023 / 08:43
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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

Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 13:35

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	126.2	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	38.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	132.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.5	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	25.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



Anupa

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



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Name : MRS.MINAKSHI BANDUNI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 16:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.3	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	4.679	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Collected : 28-Jan-2023 / 08:43
Reported : 28-Jan-2023 / 16:00

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 becuase 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)

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



Anupa

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

CID# : 2302818794
Name : MRS. MINAKSHI BANDUNI
Age / Gender : 32 Years/Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:40
Reported : 29-Jan-2023 / 10:40

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	69 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

7 UBAE (6.1.1).
TMT. Stress test is positive for
exercise induced Ischemic Heart
ds

ADVICE:

: Diabetologist / opinion
: Cardiologist

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Consulting Dr. :- Collected : 28-Jan-2023 / 08:40
Reg.Location : Kandivali East (Main Centre) Reported : 29-Jan-2023 / 10:40

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 | LSCS-2013,2017 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

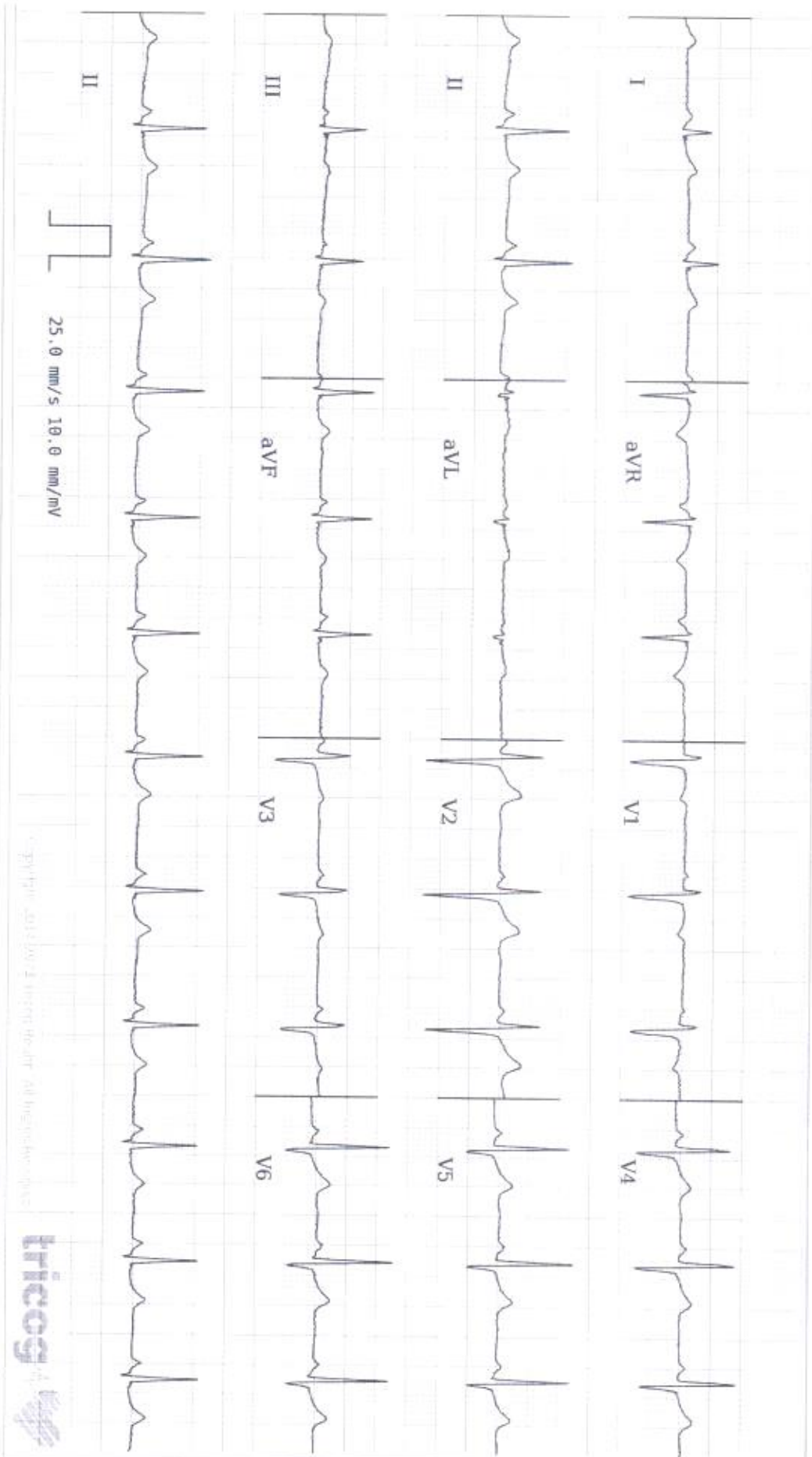
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Regd. House No. 9, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700600

Jagruti Dhale

Patient Name: MINAKSHI BANDUNI

Date and Time: 28th Jan 23 9:26 AM

Patient ID: 2302818794



Age **32** 7 17
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 69 kg

Height: 163 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 96ms

QT: 378ms

QTc: 413ms

PR: 122ms

P-R-T: 36° 64° 40°



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

REPORTED BY

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aaregani,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700600

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012982483

Disclaimer: 1) Analysis in this report is based on ECG above 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 details are as entered by the clinician and not derived from the ECG.

Date:- 28/1/23

CID: 2302818794

Name:- Mrs. Nimalakshi Bandlani

Sex/Age: F/32

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: no nlo sb

Past history: no nlo Ocular sx/injury

Unaided Vision: 6/24b/w 6/18b/w nlogt not using

Aided Vision:

Refraction: *convex! dome!*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.50	0.75	90°	6/6	0.75	0.75	90°	6/6
Near				20/6				20/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House B1, S. Nagar,
Thakur Village, Kandivli (east),
Mumbai - 400101.
Tel : 61700000



CID : 2302818794
Name : Mrs MINAKSHI BANDUNI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 14:31

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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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808412314>

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

EMail:

914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg

Date: 28 / 01 / 2023 10:04:44 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	FVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	074	39%	110/70	081	00	
Standing	00:36	0:28	00.0	00.0	01.0	093	49%	110/70	102	00	
HV	00:43	0:07	00.0	00.0	01.0	082	44%	110/70	090	00	
ExStart	01:00	0:17	00.0	00.0	01.0	106	56%	110/70	116	00	
BRUCE Stage 1	04:00	3:00	02.7	10.0	04.7	136	72%	110/70	149	00	
PeakEx	06:40	2:40	04.0	12.0	06.8	159	85%	140/80	222	00	
Recovery	07:40	1:00	00.2	00.0	01.0	127	68%	140/80	177	00	
Recovery	08:03	1:24	00.0	00.0	01.0	117	62%	140/80	163	00	

FINDINGS :

Exercise Time : 05:40
 Initial HR (ExStrt) : 106 bpm 56% of Target 188
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 3.3 Fair response to induced stress
 Duke Treadmill Score : 06.5
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 85% of Target 188
 Max BP Attained 140/80 (mm/Hg)

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 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

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 Mumbai - 400101.
 Tel : 61700660

Doctor : DR.AKHIL PARULEKAR

Email:

914 / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg Date: 28 / 01 / 2023 10:04:44 AM Refd By : ARCOFEMI

REPORT :

Heart Rate 159.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 05:40 Mins Ectopic Beats 0.0

METS 6.8 Test End Reason , Heart Rate Achieved Target Heart Rate 85% of 188

TEST OBJECTIVE

ROUTINE CHECK UP

RISK FACTOR

NONE

ACTIVITY

MODERATE ACTIVE

MEDICATION

NONE

REASON FOR TERMINATION

HEART RATE ACHIEVED

EXERCISE TOLERANCE

FAIR

EXERCISE INDUCED ARRHYTHMIAS

NO

HAEMODYNAMIC RESPONSE

NORMAL

CHRONOTROPIC RESPONSE

NORMAL

FINAL IMPRESSION

ST DEPRESSION NOTED AT PEAK AND IN RECOVERY
 STRESS TEST IS POSITIVE FOR EXERCISE INDUCED ISCHAEMIC HEART
 DISEASE FOR GIVEN DURATION OF EXERCISE.

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

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SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:08)

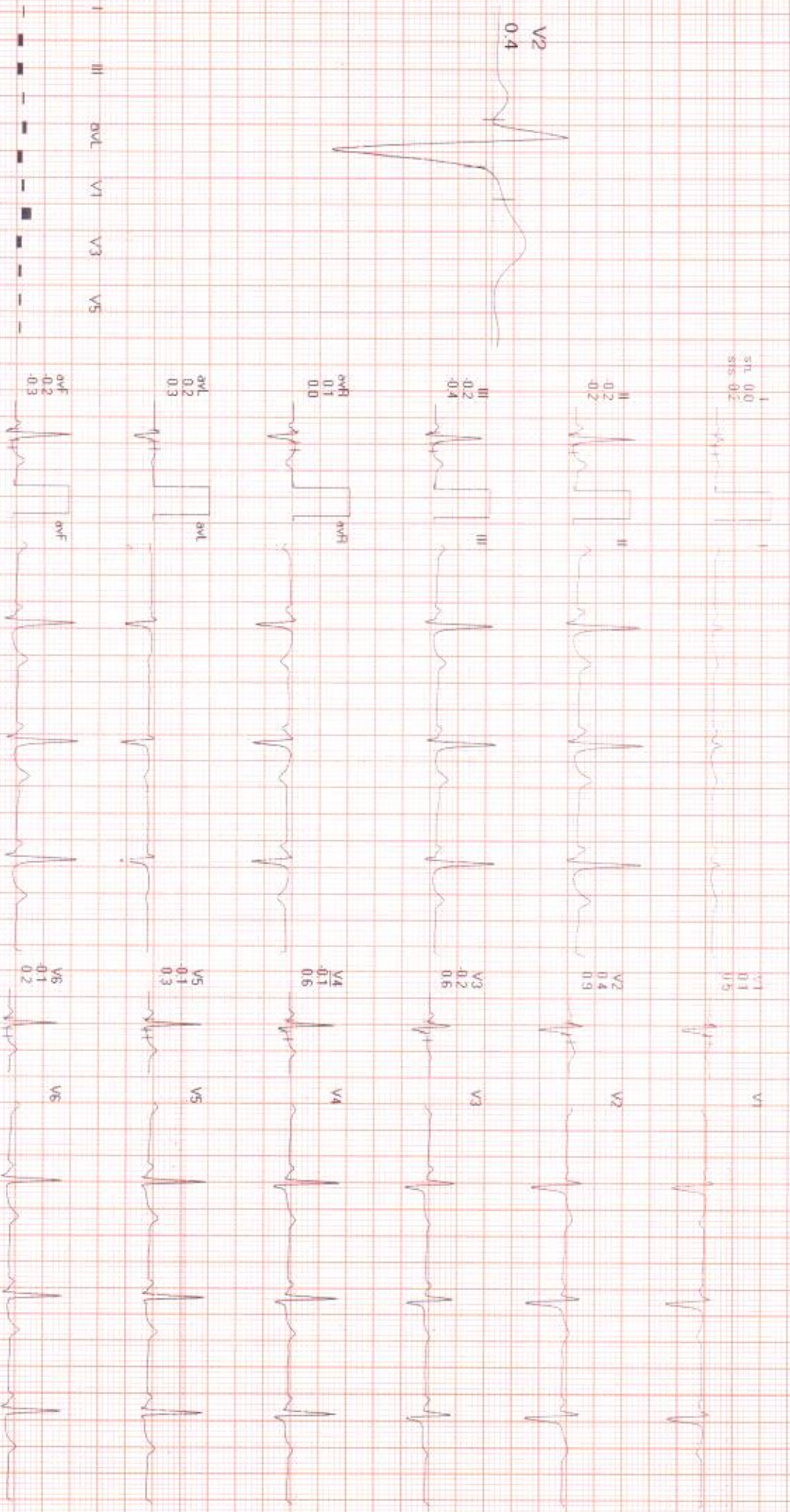
914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 72

Date: 28 / 01 / 2023 10:04:44 AM METS: 1.07/72 bpm 38% of THR BP: 110/70 mmHg Pnw Fc/s/ BLC/On/Neich/On/HR/HR 0.05 Hz/ALF 35 Hz

EXTime 00:00 0.0 Km/gh 0.0%

4X 90 sec Print 1

25 mm/sec 1.0 (cm/box)



REMARKS:



914 (2302918794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 93

ACIPR

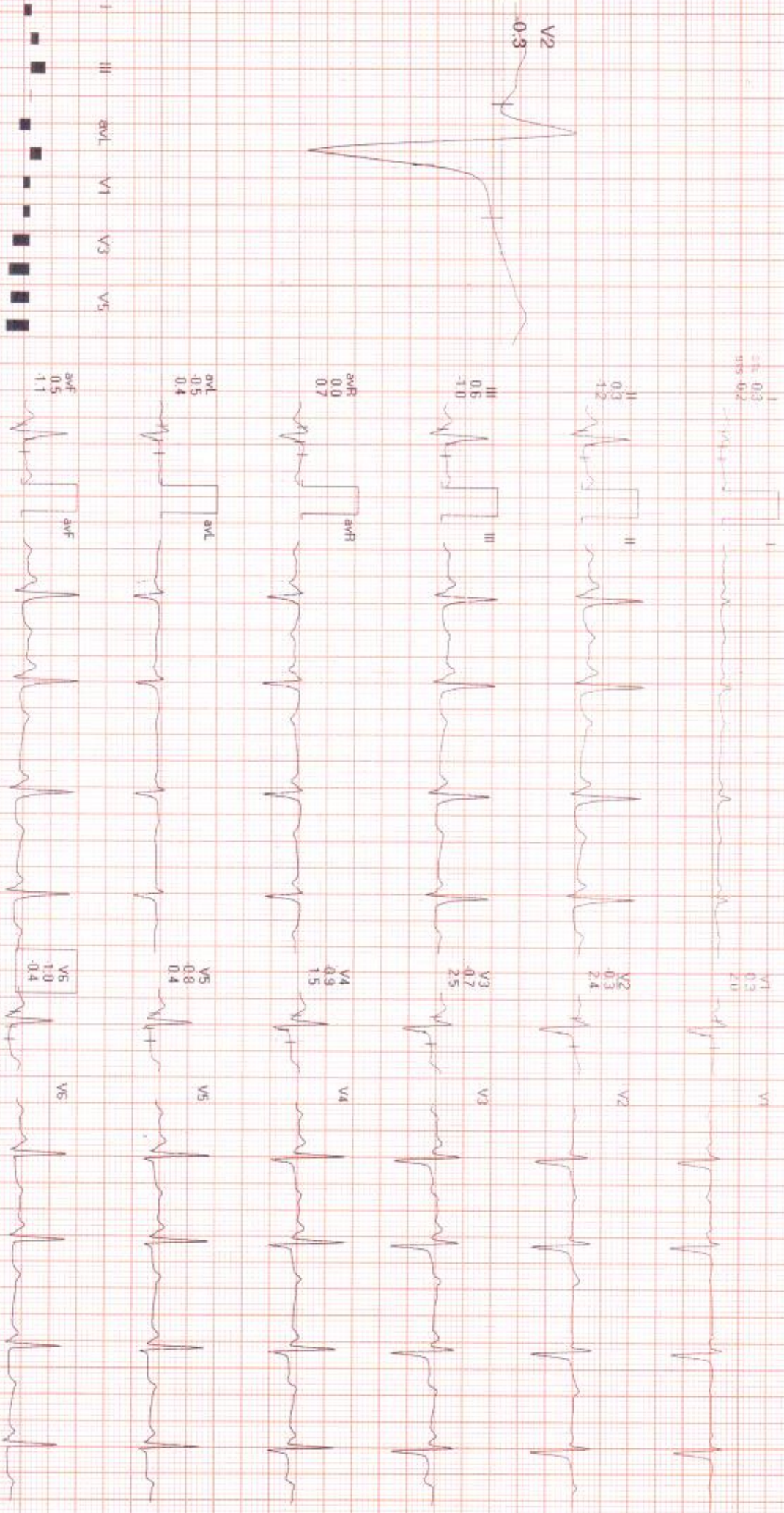
Date: 28 / 07 / 2023 10:04:44 AM

METS: 1.0 / 93 bpm 49% of THB BP: 110/70 mmHg P_{aw} F_{IO2} BLU On/Notch On/HF 0.05 Hz/AF 35 Hz

EX Time: 00:00:0.0 KmPh: 0.0%

4X 80 ed5 Post J

25 mm/sec 1 d Em/mV



REMARKS



914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 82

Date: 28 / 01 / 2023 10:04 44 AM

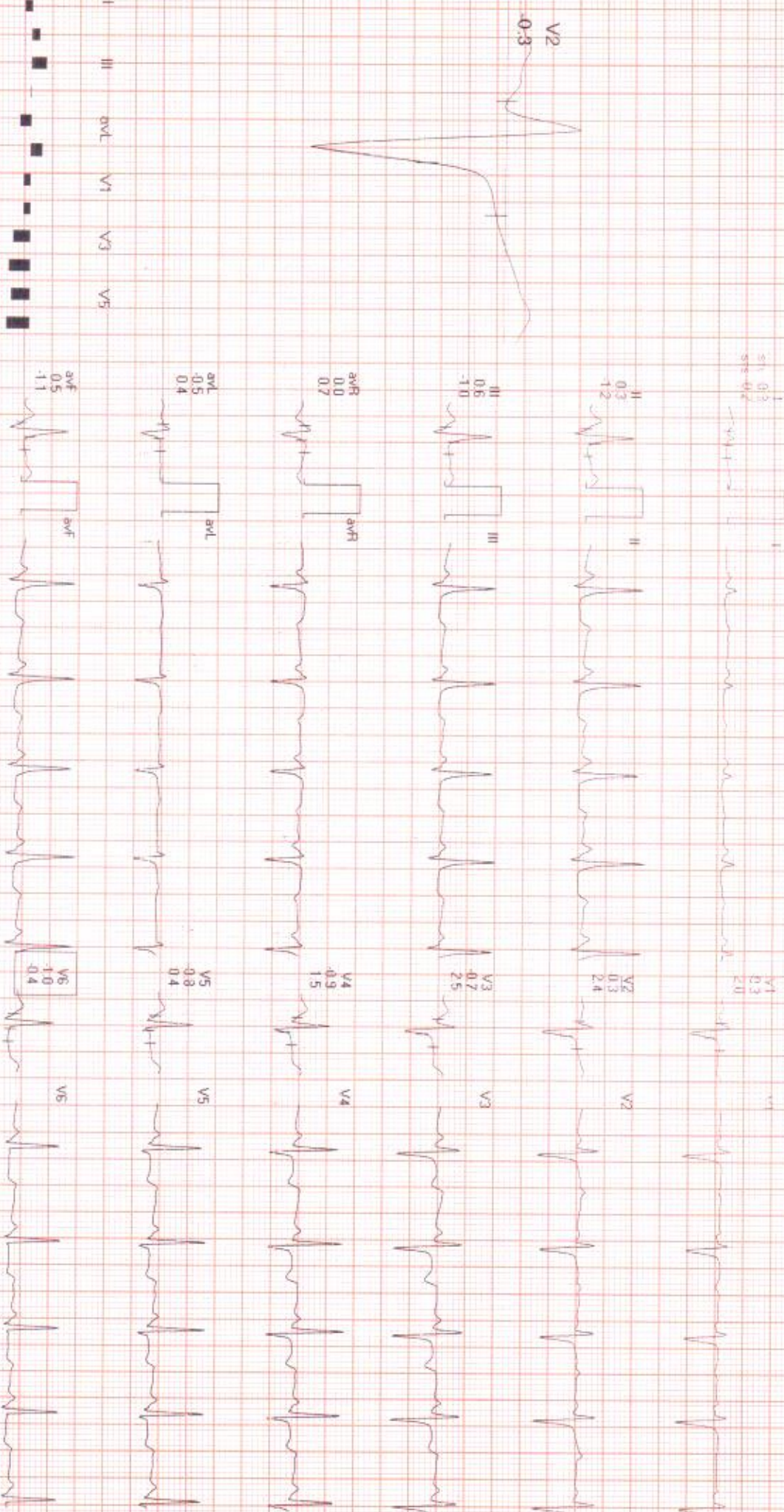
METS: 1.0 / 82 bpm 44% of THR BP: 110/70 mmHg Pw: ECG/ BLC On/ Natch On/ HF: 0.05 Hz LF: 35 Hz

AX

30 sec Pch JJ

EXTIME: 00:00 0.0 KmPh 0.0%

25mm/Sec 1.0 Cm/mV



REMARKS: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6



914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 106

Date: 28 / 01 / 2023 10:04:44 AM METS: 1.0/106 bpm 56% of THR BP: 110/70 mmHg Row ECG/BLC: On/Match On/ HF: 0.05 Hz/AF: 35 Hz

4X 80 mS PqHJ

ExTime: 00:00 0.0 Kmph 0.0%
25 mm/s ec 1.0 Contin'

STL 0.2
STW 0.0

V1 0.7
V2 1.4

II 2.0
III 2.0

V2 0.2
V3 1.4

II 2.1
III 2.0

V3 0.4
V4 1.4

avR 0.9
avL 1.0

V4 0.4
V5 1.2

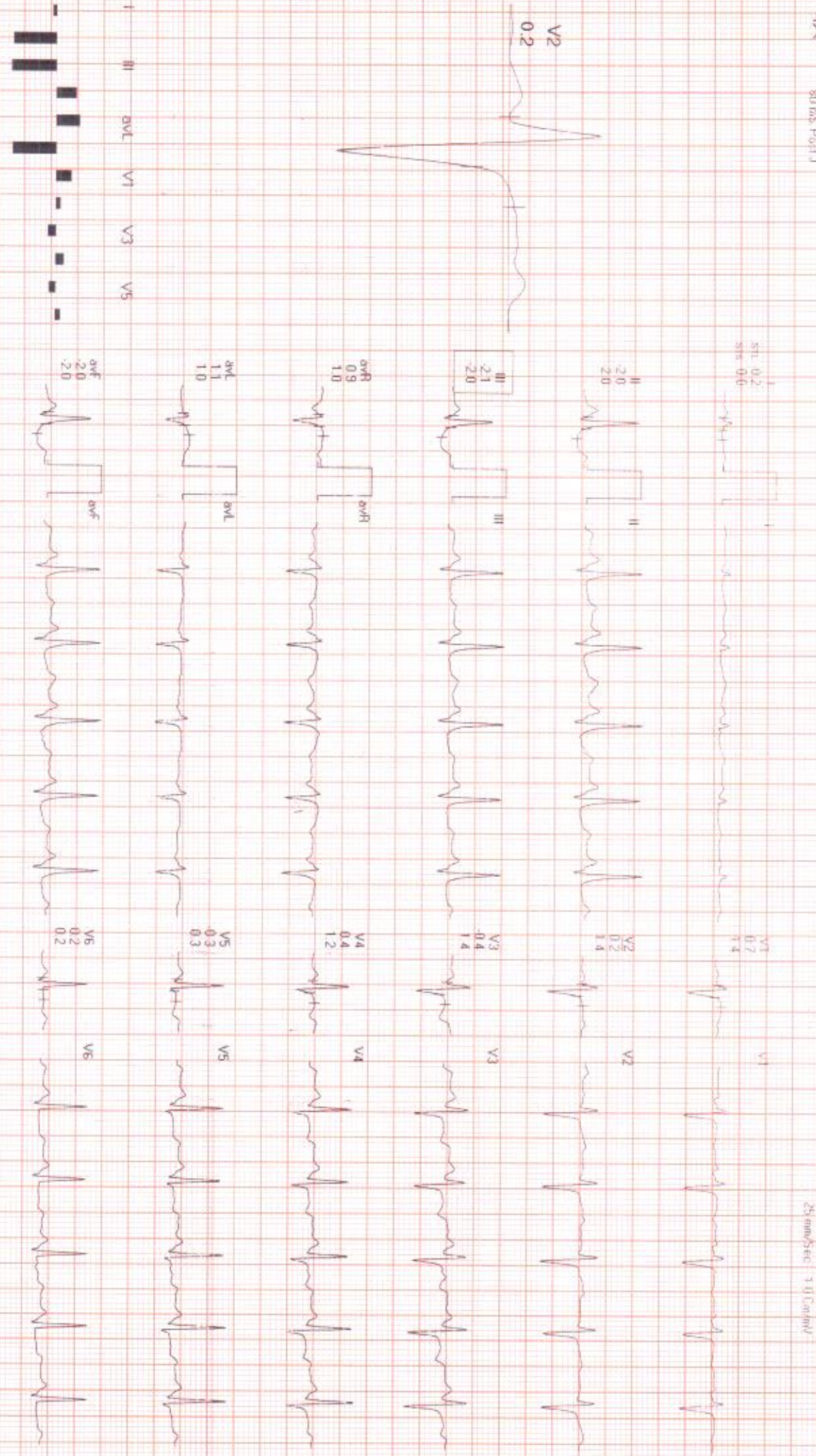
avL 1.1
avF 1.0

V5 0.3
V6 0.3

avF 2.0
avR 2.0

V6 0.2
V6 0.2

REMARKS
I II III avR avL V1 V2 V3 V4 V5 V6



914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 136



Date: 28 / 01 / 2023 10:04:44 AM

METS: 47 / 1.36 bpm / 72% of THR BP: 110/70 mmHg Paw FCO2/BLC Oiv/Notch On/HR: 0.05 HtAF: 36 Hz

Ex Time: 03:00 2.7 Kmph, 100%

AX 60 sec Post J

25 mm/Sec 1.0 Dot/Div

ST 0.4
PR 0.17

V1 0.8
V2 1.0

II 1.7
III 1.4
aVR 1.0
aVL 1.8

V2 0.1
V3 0.5
V4 0.9
V5 0.7
V6 1.0

III 1.4
aVR 1.0
aVL 1.8

V3 0.5
V4 0.9
V5 0.7
V6 1.0

aVR 1.0
aVL 1.8

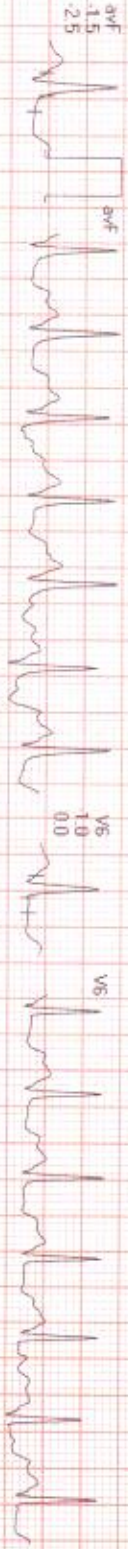
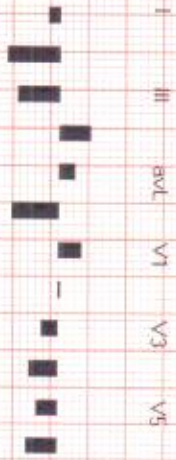
V4 0.9
V5 0.7
V6 1.0

aVL 0.5
aVF 1.5
V5 0.7
V6 1.0

V5 0.7
V6 1.0

aVF 1.5
V5 0.7
V6 1.0

V6 1.0



REMARKS:

914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR 159

Date: 28 / 01 / 2023 10:04:44 AM METS: 6.8 / 159 bpm 85% of THR BP: 140/80 mmHg Raw ECG/BLC On/ March On/ HF 0.05 HZLF 35 Hz

AX 50 ms/Port J

EXTIME 05:40 4.0 Kempn 12.0%

25 mm/sec 1.0 Cm/mV

I 0.4
aVL 0.4
aVF 0.4

V1 0.4
V2 0.4
V3 0.4

II -1.6
III -1.0
aVF -3.6

V2 0.4
V3 0.4
V4 0.7

III -1.0
aVL 0.2
aVF 1.2

V3 1.1
V4 1.6
V5 1.8

aVR 1.1
I 1.1
II 2.1

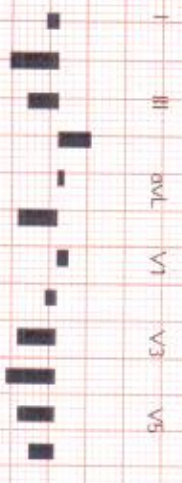
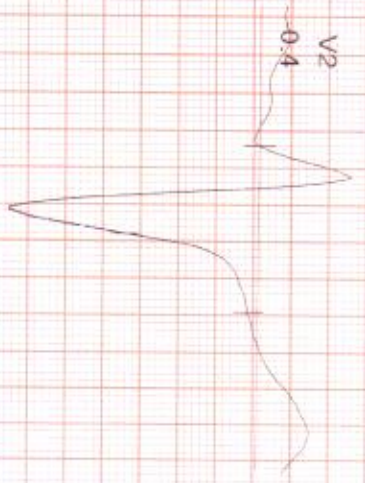
V4 1.6
V5 1.8
V6 3.9

aVL 0.2
aVF 1.2

V5 1.2
V6 1.8

aVF -1.3
aVR -3.4

V5 0.8
V6 0.3



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 153

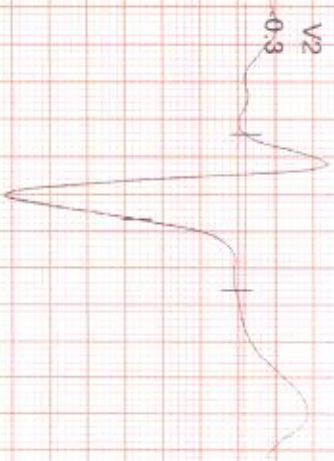
Date: 28/01/2023 10:04:44 AM METS: 2.0/15.3 bpm/81% of THR BP: 140/80 mmHg Raw ECG/BLT: On/Normal/Dx/HF 0.05 Hz/AF 36 Hz

4X 90 ms Page 1

EstTime: 05:40 0.2 kmph 0.0%
SprintSec: 1.0 kmph

Recovery : (00:26)

WCHITL



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

914 (2302918794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR : 127

Date: 08/07/2023 10:04:44 AM

MEETS: 1 of 122 bpm 68% of THR BP: 140/80 mmHg Raw ECG/BLE/On/Noch/On/HF 0.05 Hz/UF 35 Hz

E Time: 05:40 0.21kmph 0.0%

4X

Printed Page 3

25 mm/Sec 1.0 Cm/Div

STL 0.4
STB 4.1

V1 0.8
V2 0.9

II -1.5
III -1.5
aVF -1.8

V2 0.2
V3 0.2
V4 0.2

III -1.1
aVR 0.9
aVL 0.8

V3 4.2
V4 4.0

aVR 0.9
aVL 0.8

V4 0.7
V5 1.4

aVF -1.3
aVL 0.8

V5 -1.0
V6 0.1

aVF -1.3
aVL 0.8

V6 -1.0
V6 0.1



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:23)

914 (2302818794) / MINAKSHI BANDUNI / 32 Yrs / F / 163 Cms / 69 Kg / HR 117

Date: 28/01/2023 10:04:44 AM

METS: 1.0/117 bpm 62% of THR BP: 140/80 mmHg Raw ECG/BLU On/Notch-On/HR 0.05 Hz/AF 35 Hz

EXTime 05:40 0.0kmph 0.0%

4X 40mg Peak J

25mm/5sec 1.0 Em/Div



REMARKS