

PHYSICAL EXAMINATION REPORT

Patient Name	Rajni Kumari ^D	Sex/Age	F / 26
Date	19/5/23	Location	Home

History and Complaints

MI

EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	Arter
Weight (kg):	63	Skin:	MAA
Blood Pressure	100/70	Nails:	IL
Pulse	80/min	Lymph Node:	NP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

} MAA

Impression:

E (Ge - ST changes in infero lateral leads)
 ↓ Hb. | ↑ ESR
 BSL (+) - Impaired, ↑ Alkaline phosph.
 ↓ Th (11.2), TMT - Equivocal.

Advice:

- Iron supplement

- Low sugar Diet

- Repeat Sugar profile, Thyroid profile after 6 Months.

Cardiologist's
consultation

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	NO
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	KAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	LSCS
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	pure veg (veg)
4)	Medication	NO



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

0000-0770-0000

Date:- 13/5/23

CID:

Name:- Rajni Khushi
 Rajni Idvadi

Sex / Age: F 26

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: H-D

Past history: All

Unaided Vision: 32/60 11/20 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

MR. PRAKASH KUDVA

Sr. OPTOMETRIST



CID : 2313318819
Name : MRS.RAJNI KUMARI KUMARI
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-May-2023 / 09:15
Reported : 13-May-2023 / 11:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	9.4	12.0-15.0 g/dL	Spectrophotometric
RBC	3.52	3.8-4.8 mil/cmm	Elect. Impedance
PCV	31.6	36-46 %	Measured
MCV	89.8	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	29.6	31.5-34.5 g/dL	Calculated
RDW	18.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.4	20-40 %	
Absolute Lymphocytes	2061.1	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	427.1	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	3979.9	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	311.9	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.

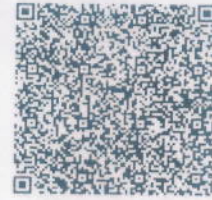
PLATELET PARAMETERS

Platelet Count	259000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	18.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild

Authenticity Check



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Reported : 13-May-2023 / 12:25

Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	Mild
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 49 2-20 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

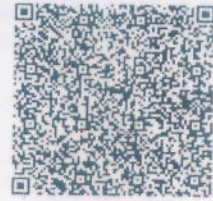


J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	106.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.27	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	11.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.6	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	173.3	35-105 U/L	PNPP
BLOOD UREA, Serum	12.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.40	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	205	>60 ml/min/1.73sqm	Calculated

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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 4.1 2.4-5.7 mg/dl Uricase

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



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Reported : 13-May-2023 / 14:37

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

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AREAS OF SPECIAL EXPERTISE

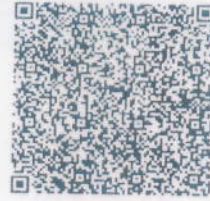
OUR PRESENCE



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.0	Normal: <150 mg/dl Bordertine-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	109.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.0	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	17.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



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Age / Gender : 26 Years / Female
Consulting Dr. : -
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Reported : 13-May-2023 / 11:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.2	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	4.39	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

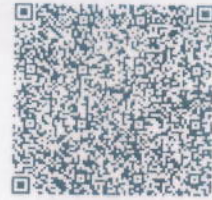


AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

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Name : MRS.RAJNI KUMARI KUMARI
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-May-2023 / 09:15
Reported : 13-May-2023 / 11:28

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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*** End Of Report ***

OUR PRESENCE



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000



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CID : 2313318819
Name : Mrs Rajni Kumari Kumari
Age / Sex : 0 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 13-May-2023
Reported : 13-May-2023 / 10:58

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo_2023051309081286

Reg. No. : 2313318819	Sex : FEMALE
NAME : MRS.RAJANI KUMARI	Age : 26 YRS
Ref. By : -----	Date : 13.05.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears mildly enlarged in size (16.0 cm) and shows bright echoreflectivity. 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 9.3 x 4.5 cm. Left kidney measures 10.3 x 4.8 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 6.5 x 3.6 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.

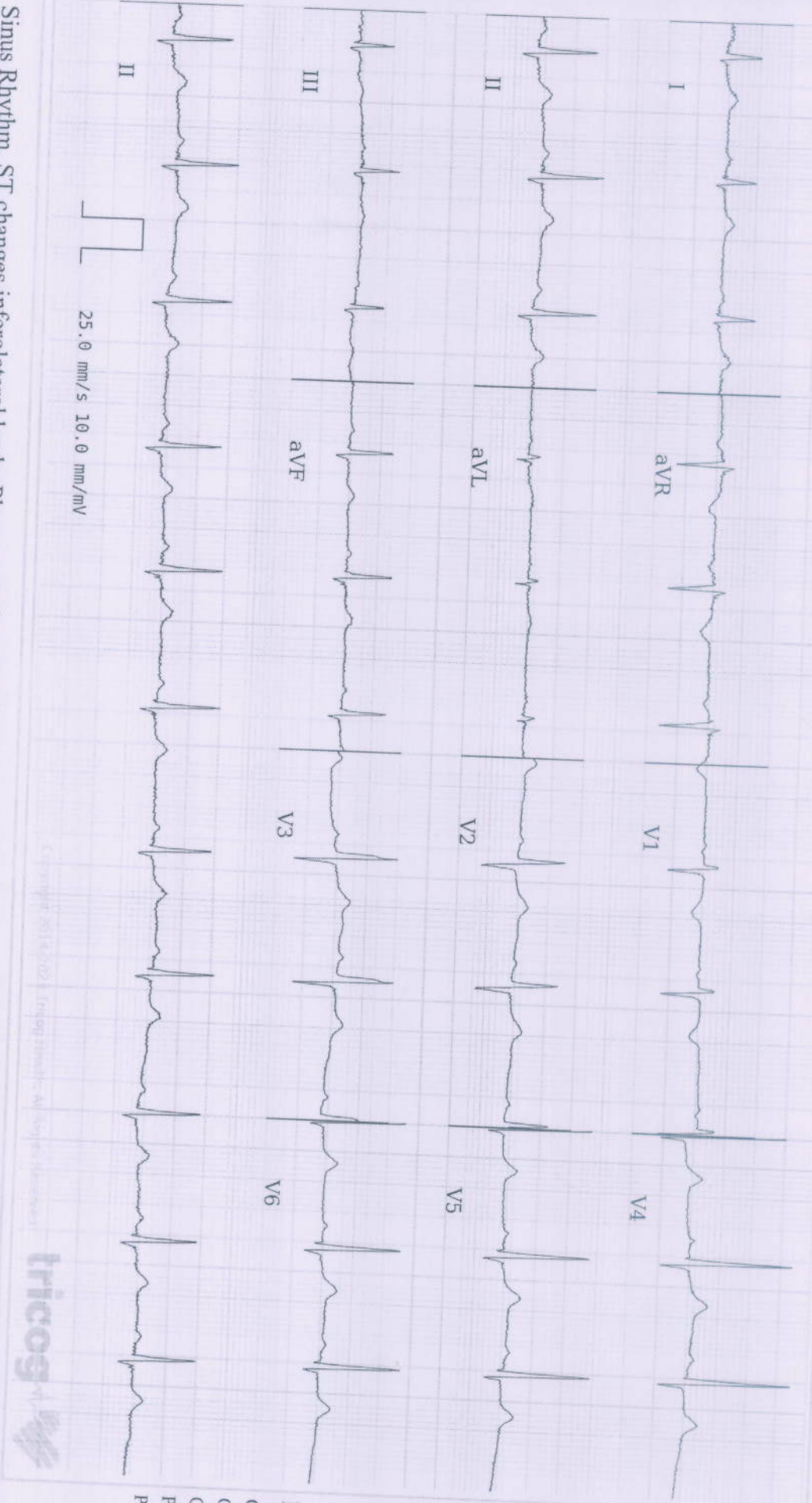
Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed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

Advice: Clinical co-relation and further evaluation.

Dr. Devendra Patil
DR.DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)

Patient Name: RAJNI KUMARI
Patient ID: 2313318819

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 13th May 23 10:16 AM



Sinus Rhythm, ST changes inferolateral leads. Please correlate clinically.

Age **11** NA NA
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: 100/70 mmHg
Weight: 63 kg
Height: 155 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: NA

Measurements

QRSD: 98ms
QT: 410ms
QTcB: 439ms
PR: 148ms
P-R-T: 40° 58° 23°

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

This report is based on ECG data and should be used as a reference to clinical history. Any other results of other tests and non-invasive tests and must be interpreted by a qualified physician. All patient data are derived by the diagnostic and are derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

1010 (2313318819) / RAJNI KUMARI / 26 Yrs / F / 155 Cms / 63 Kg
Date: 13 / 05 / 2023 10:50:14 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	00.0	00.0	01.0	103	53 %	120/80	123	00	
Standing	00:26	0:10	00.0	00.0	01.0	099	51 %	120/80	118	00	
HV	00:36	0:10	00.0	00.0	01.0	095	49 %	120/80	114	00	
ExStart	00:48	0:12	00.0	00.0	01.0	096	49 %	120/80	115	00	
BRUGE Stage 1	03:48	3:00	01.7	10.0	04.7	159	82 %	130/80	206	00	
PeakEX	05:28	1:40	02.5	12.0	06.0	164	85 %	140/80	229	00	
Recovery	06:28	1:00	00.0	00.0	01.0	129	66 %	140/80	180	00	
Recovery	07:28	2:00	00.0	00.0	01.0	115	59 %	140/80	161	00	
Recovery	09:28	4:00	00.0	00.0	01.0	106	55 %	130/80	137	00	
Recovery	09:47				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 04:40
 Initial HR (ExStrt) : 96 bpm 49% of Target 194
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.2 mm in PeakEX
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 164 bpm 85% of Target 194
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 43972
 Doctor : DR SHAILAJA PILLAI



EMail: 10107RAJANI KUMARI / 26 Yrs / F / 155 Cms / 63 Kg Date: 13 / 05 / 2023 10:50:14 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 95.0 bpm, and the maximum predicted Target Heart Rate 194.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

- CONCLUSIONS:**
1. TMT is Equivocal for exercise induced ischemia.
 2. Normal chronotropic and Normal inotropic response.
 3. ST T changes seen inferolateral leads during test and recovery.
 4. Adv Cardiologists opinion.

Disclaimer : Equivocal stress test is suggestive but not confirmatory of CAD. Hence overall cardioclinical correlation is mandatory.


Dr. SHAILAJA PILLAI
M.D. (GERMED)

R.NO. 43972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1010 (2313318819) / RAJINI KUMARI / 26 Yrs / F / 155 Cms / 63 Kg / HR : 103

SUPINE (00:01)

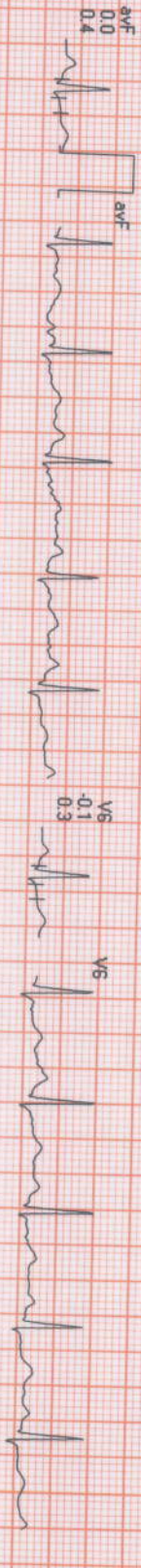
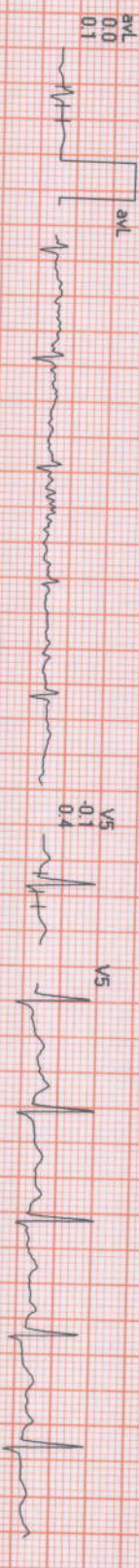
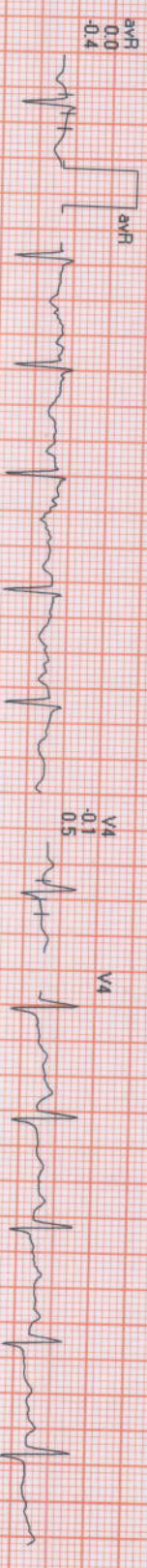
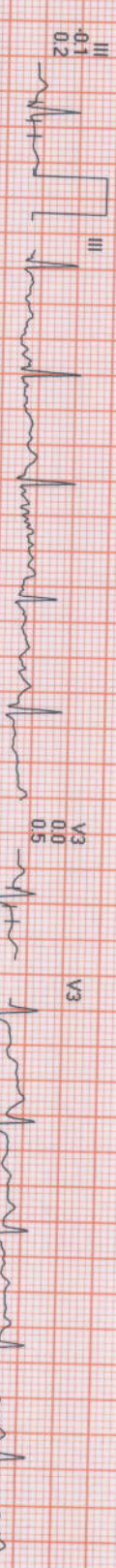
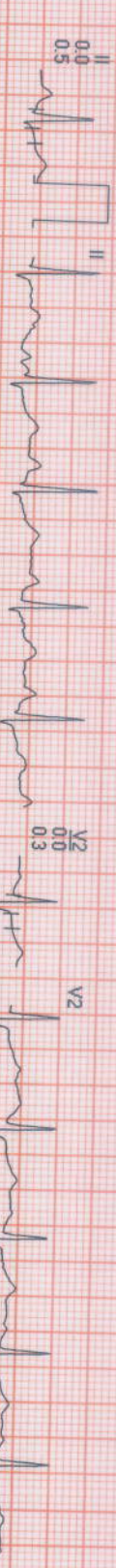
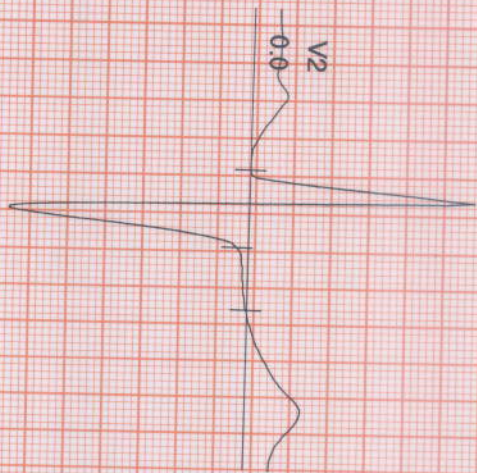


Date: 13/05/2023 10:50:14 AM

METS: 1.07/103 bpm 53% of THR BP: 120/80 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:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

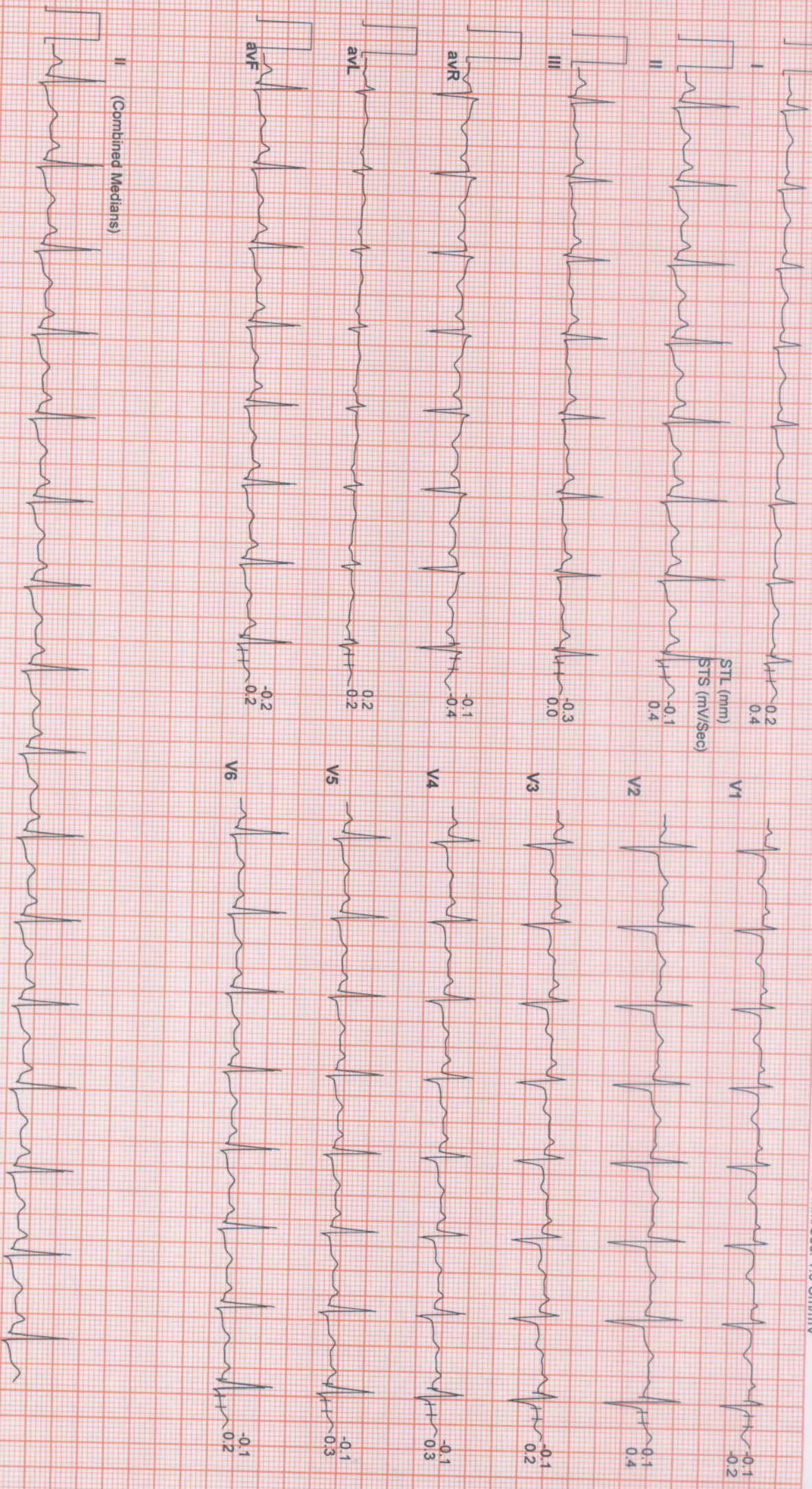
Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 99 Target HR : 51% of 194 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

STANDING (00:00)



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

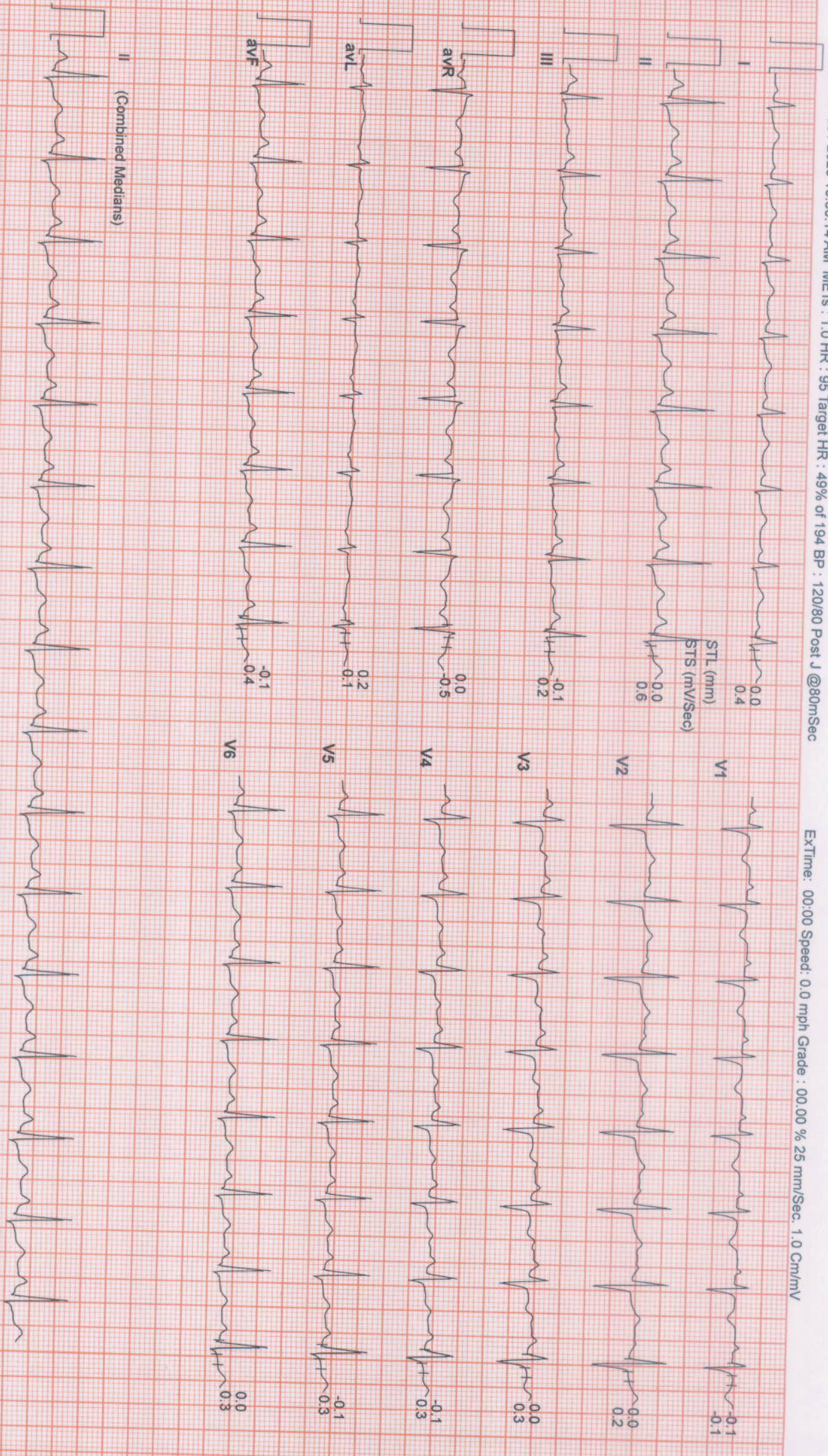
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 95 Target HR : 49% of 194 BP : 120/80 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)

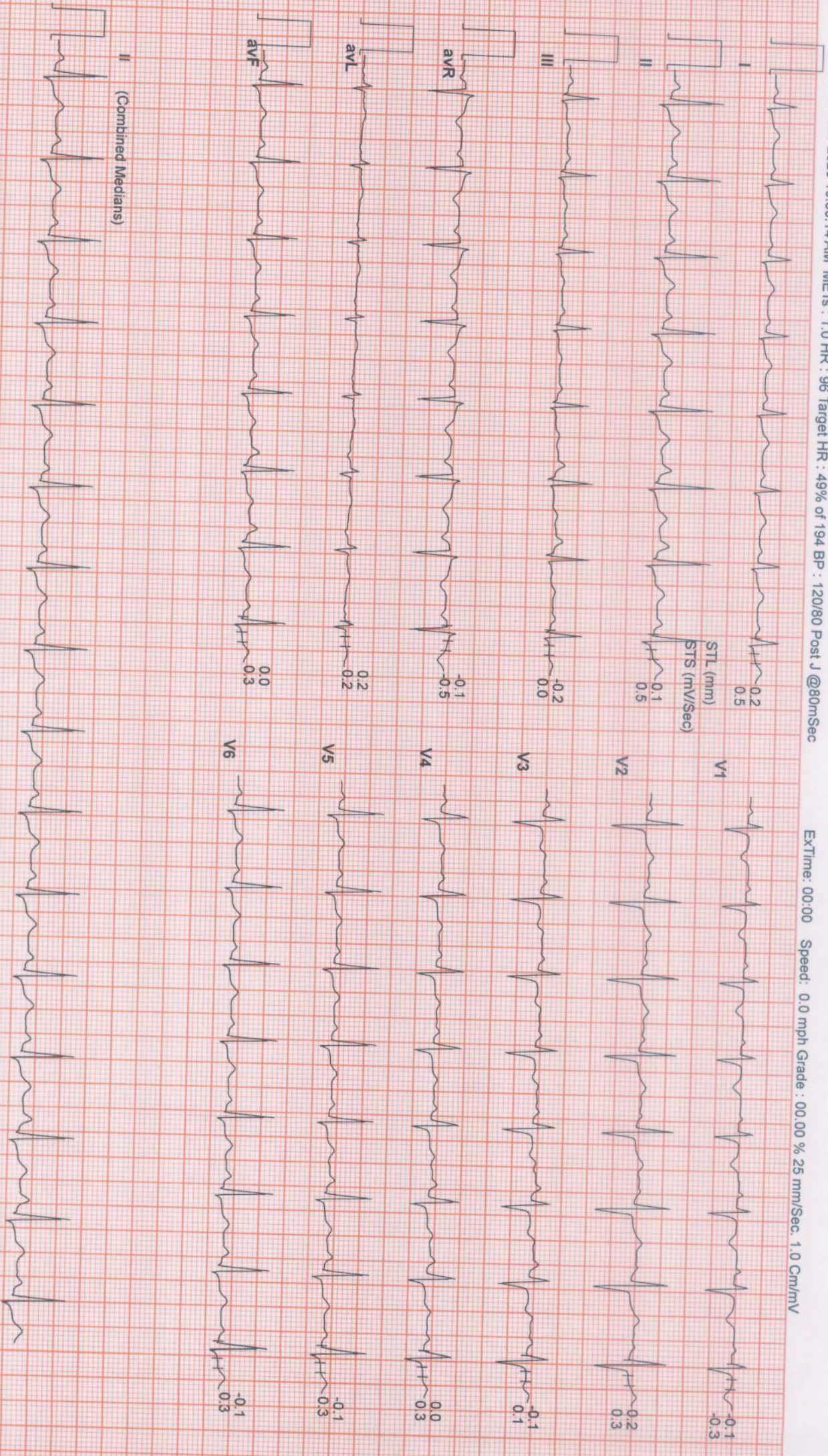
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 96 Target HR : 49% of 194 BP : 120/80 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

ExStrt



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

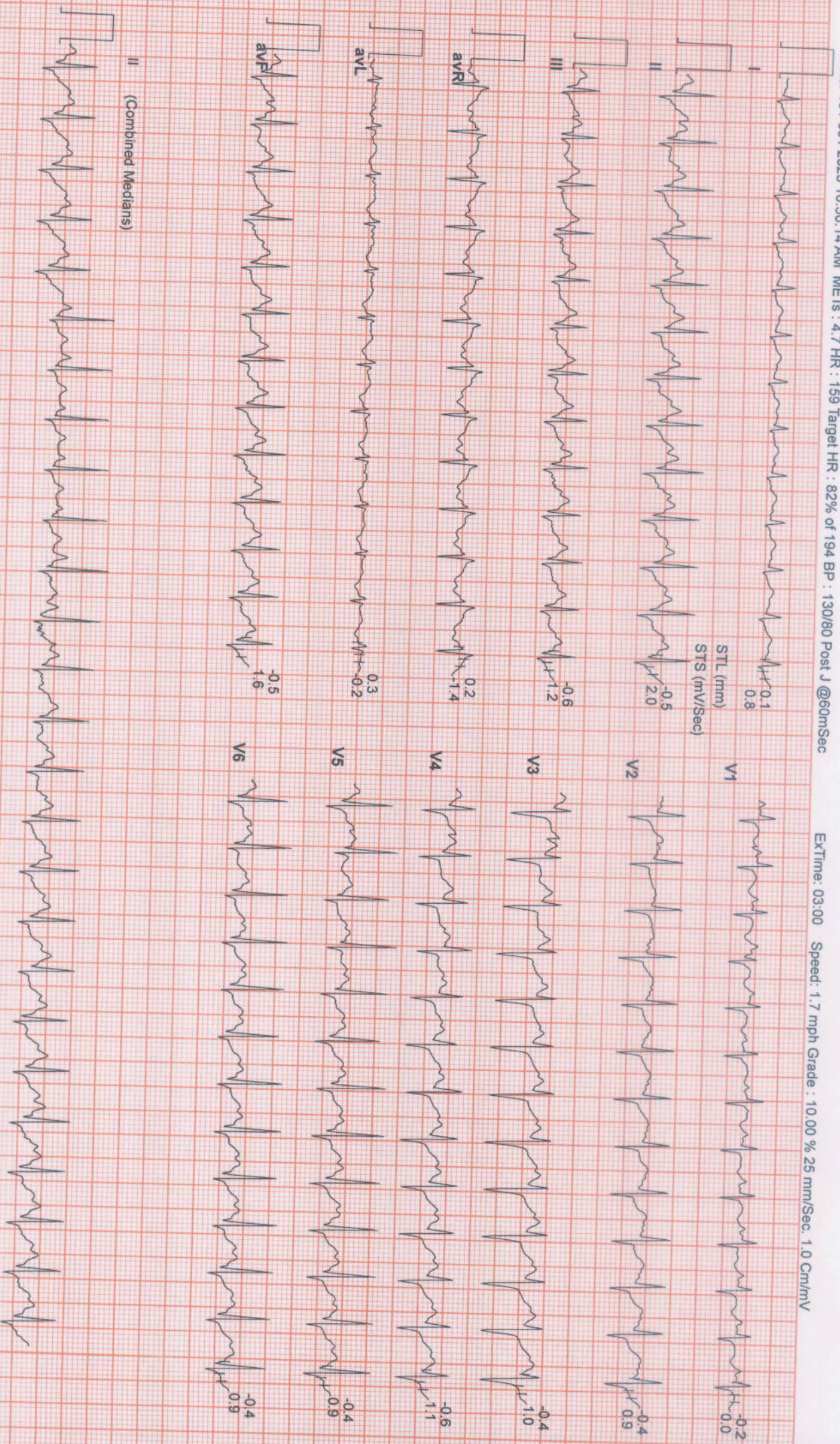
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 4.7 HR : 159 Target HR : 82% of 194 BP : 130/80 Post J @60mSec

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



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



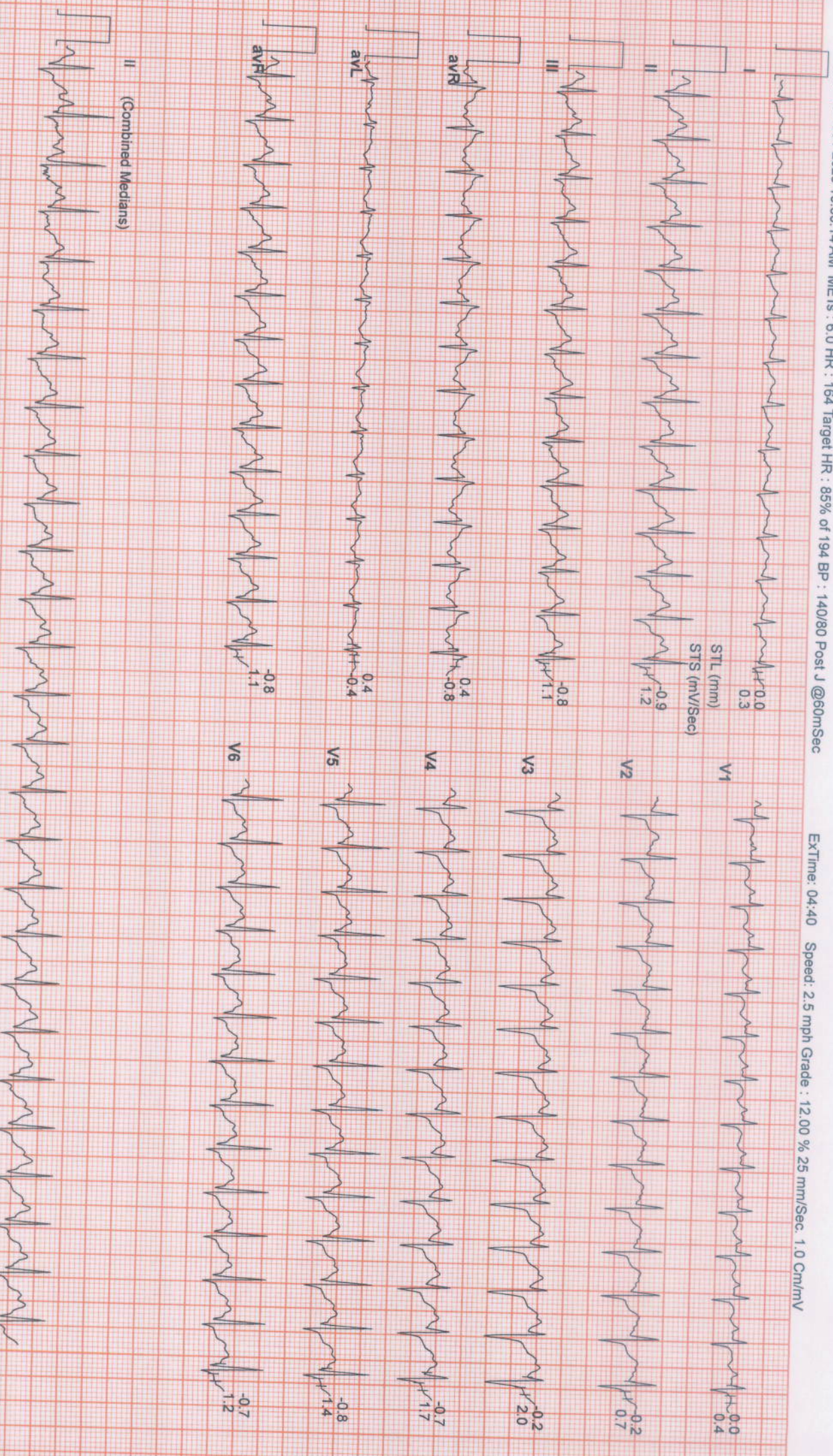
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 6.0 HR : 164 Target HR : 85% of 194 BP : 140/80 Post J @60mSec

EXTime: 04:40 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

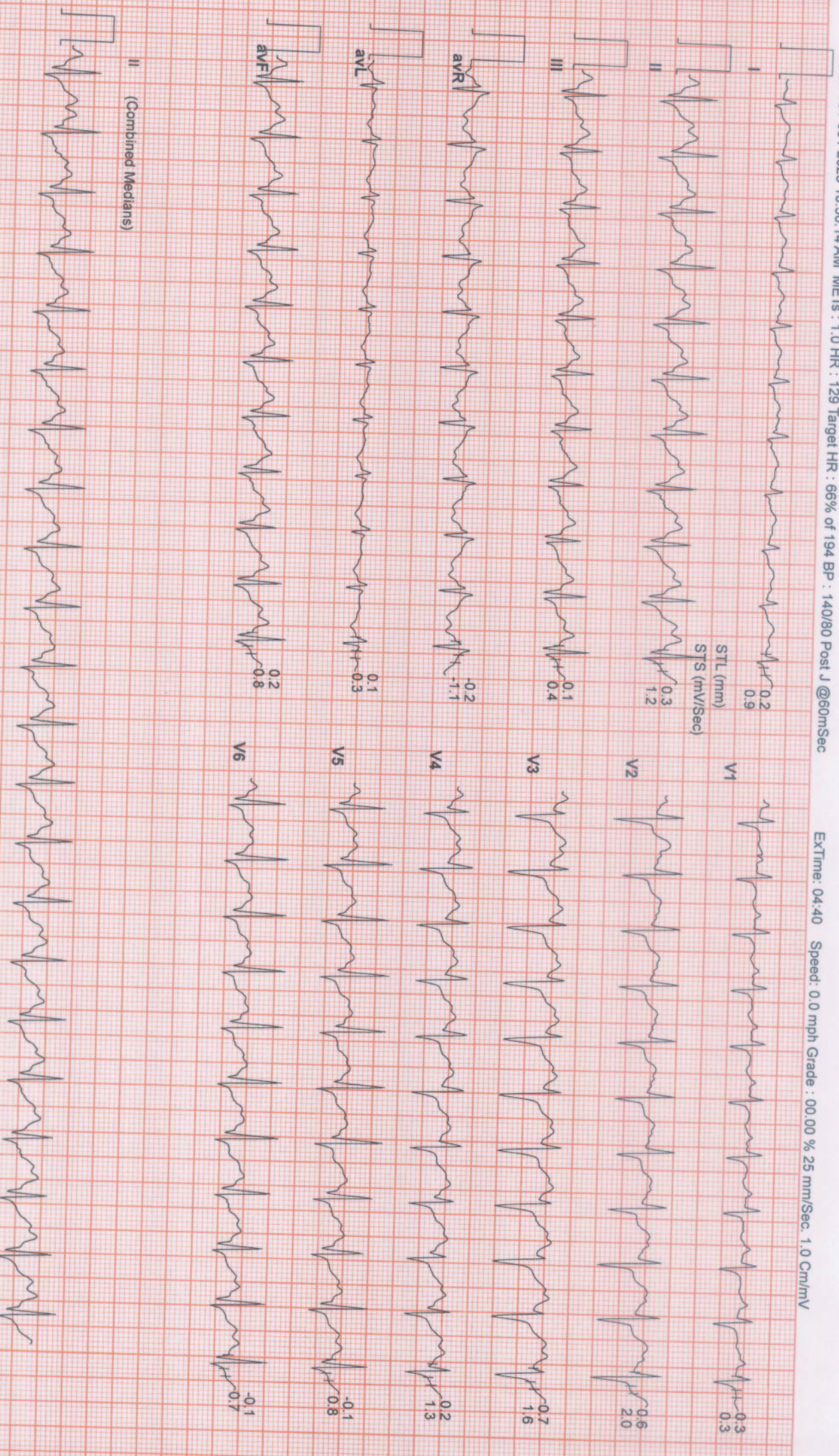
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 129 Target HR : 66% of 194 BP : 140/80 Post J @60mSec

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



EXTime: 04:40 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

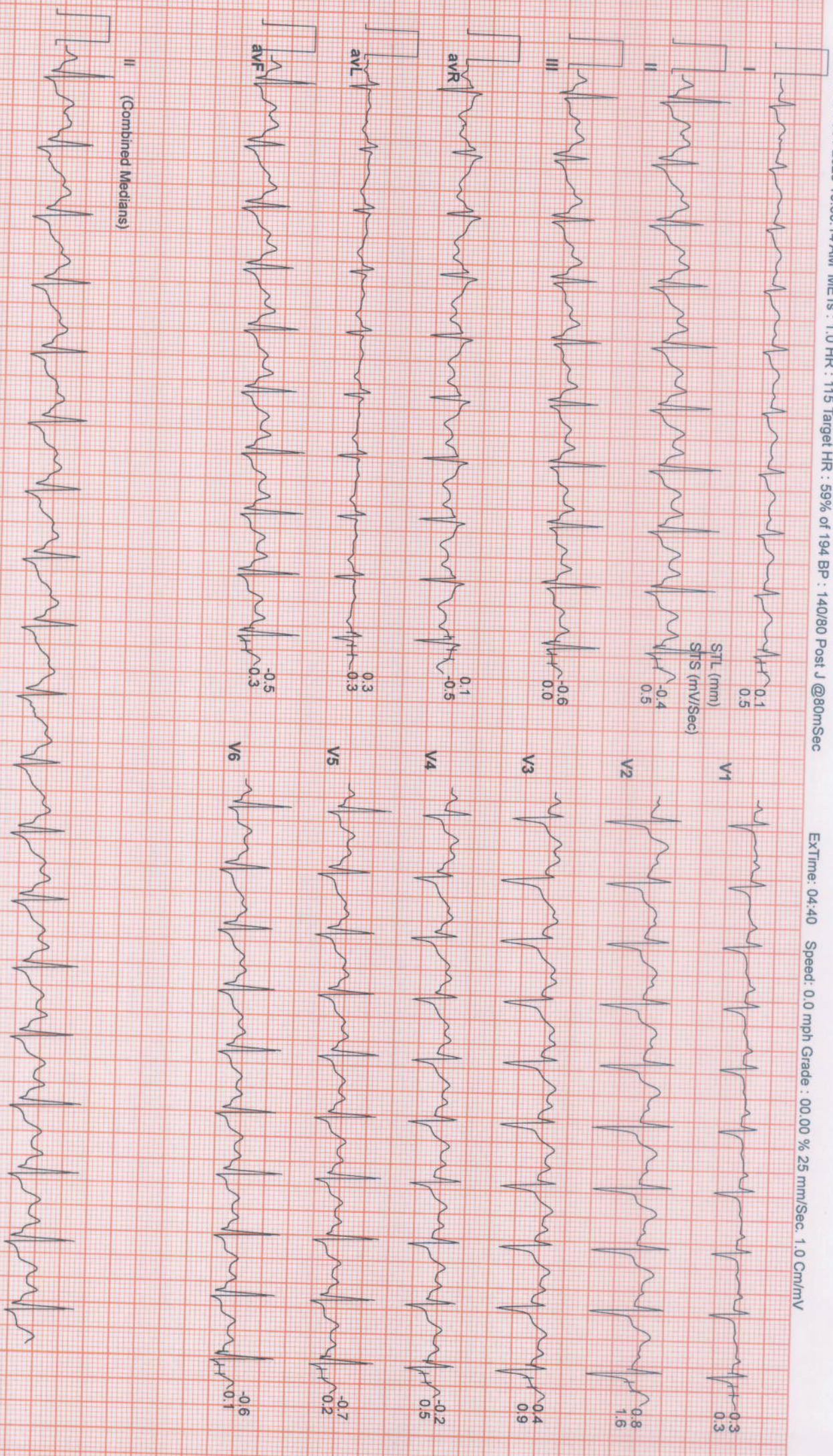
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 115 Target HR : 59% of 194 BP : 140/80 Post J @80mSec

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



EXTime: 04:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

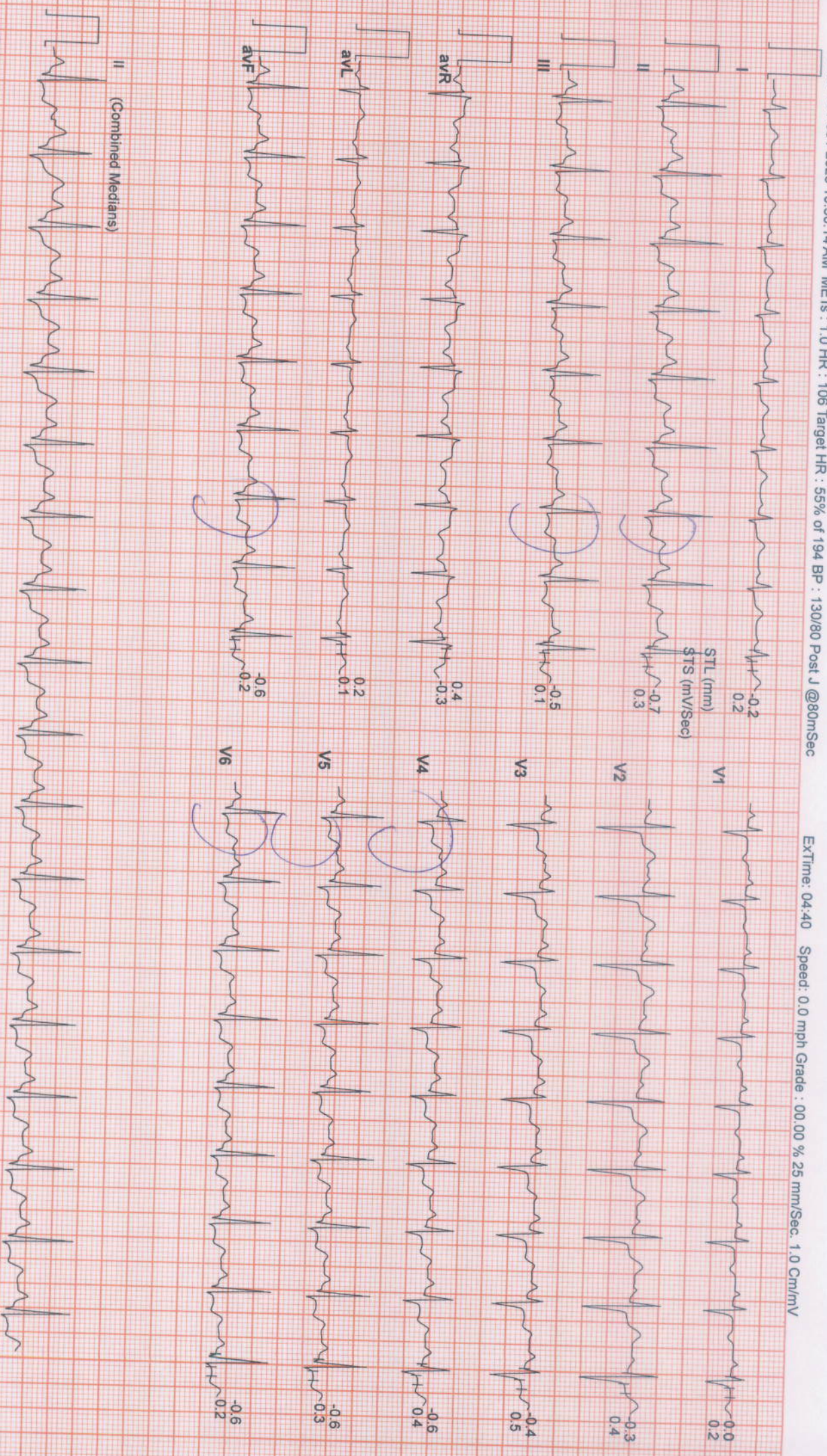
1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 106 Target HR : 55% of 194 BP : 130/80 Post J @80mSec

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



ExTime: 04:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1010 / RAJNI KUMARI / 26 Yrs / Female / 155 Cm / 63 Kg

Date: 13 / 05 / 2023 10:50:14 AM METs : 1.0 HR : 103 Target HR : 53% of 194 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:19)



EXTime: 04:40 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV

