

**PHYSICAL EXAMINATION REPORT**

Patient Name	Priyanka Samiiskar	Sex/Age	F/31
Date	8/11/2022	Location	Thane

**History and Complaints**

Nil / C/O - Irregular Menses (PCOD)

**EXAMINATION FINDINGS:**

Height (cms):	158	Temp (0c):	⊙
Weight (kg):	72.8	Skin:	NAD
Blood Pressure	148/100	Nails:	
Pulse	76/min	Lymph Node:	

**Systems :**

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

**Impression:**

ECG - Non specific T wave Abnormality  
 - ↑ B.P.  
 - Eosinophilia  
 - ↑ A/Ce Ratio (2.1)  
 USG - Polycystic changes  
 - ↓ HDL  
 - ↑ LDL  
 - ↑ Non HDL  
 - Ectopic Rt. Kidney

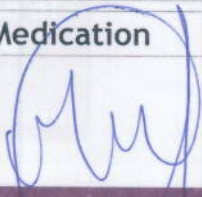
**Advice:**

- Monitor B.P. with Physician  
 ✓ Treatment of Eosinophilia  
 - Reg. Exercise  
 - Drink Plenty of Liquids  
 - Gynaec consultation

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

**PERSONAL HISTORY:**

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



**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439

Authenticity Check



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CID : 2231205634  
Name : MRS.PRIYANKA SAMJISKAR  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:19  
Reported : 08-Nov-2022 / 12:01

**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	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	31.3	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9100	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.2	20-40 %	
Absolute Lymphocytes	1929.2	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	518.7	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	5851.3	2000-7000 /cmm	Calculated
Eosinophils	8.8	1-6 %	
Absolute Eosinophils	800.8	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	235000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated

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Reported : 08-Nov-2022 / 11:45

**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 16 2-20 mm at 1 hr. Westergren

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



*Amrit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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Age / Gender : 31 Years / Female  
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:19  
Reported : 08-Nov-2022 / 13:09

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.16	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.08	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.08	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	15.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	10.8	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	59.4	35-105 U/L	PNPP
BLOOD UREA, Serum	28.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	13.3	6-20 mg/dl	Calculated

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Reported : 08-Nov-2022 / 17:11

CREATININE, Serum	0.81	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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Collected : 08-Nov-2022 / 10:19  
Reported : 08-Nov-2022 / 12:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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 \*\*\*



*Amrit Taori*

**Dr.AMIT TAORI**  
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Pathologist



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**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	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-5	Less than 20/hpf	

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



*Amir Taori*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	47.8	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	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.0	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	10.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



*Amit Taori*

Dr.AMIT TAORI  
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Collected : 08-Nov-2022 / 10:19  
Reported : 08-Nov-2022 / 13:03

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.03	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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Reported : 08-Nov-2022 / 13:03

**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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.  
2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

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



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Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Nov-2022  
Reported : 08-Nov-2022 / 15:57

## 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 contracted.(Not evaluated).

**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 3.7 cm. **(Right kidney is seen in the right iliac region-ectopic location)**

Left kidney measures 10.7 x 5.6 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 7.4 x 3.3 x 4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 3.6 mm. Cervix appears normal.

### **OVARIES:**

**Both ovaries are bulky in size and show central echogenic stroma with multiple peripherally arranged small follicles.**

The right ovary measures 3.9 x 2.2 x 3.5 cm and ovarian volume is 16.8 cc.

The left ovary measures 2.8 x 2.6 x 3.8 cm and ovarian volume is 15.1 cc.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022110809510777>



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Reported : 08-Nov-2022 / 15:57

**IMPRESSION:**

**ECTOPIC RIGHT KIDNEY-IN THE RIGHT ILIAC REGION.  
BILATERAL BULKY OVARIES WITH POLYCYSTIC CHANGES.SUGGEST SR.FSH,SR LH,SR  
PROLACTIN CORRELATION.**

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 GAURAV FARTADE before dispatch.

*G. R. Fartade*  
Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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Reg. Date : 08-Nov-2022  
Reported : 08-Nov-2022 / 14:19

**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 GAURAV FARTADE before dispatch.

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022110809510782>

Date:- 8/11/22

CID:

Name: Priganka  
Sangalkar.

Sex / Age: F-31

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: All

Past history: All.

Unaided Vision: BC 6/6 NUDN 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



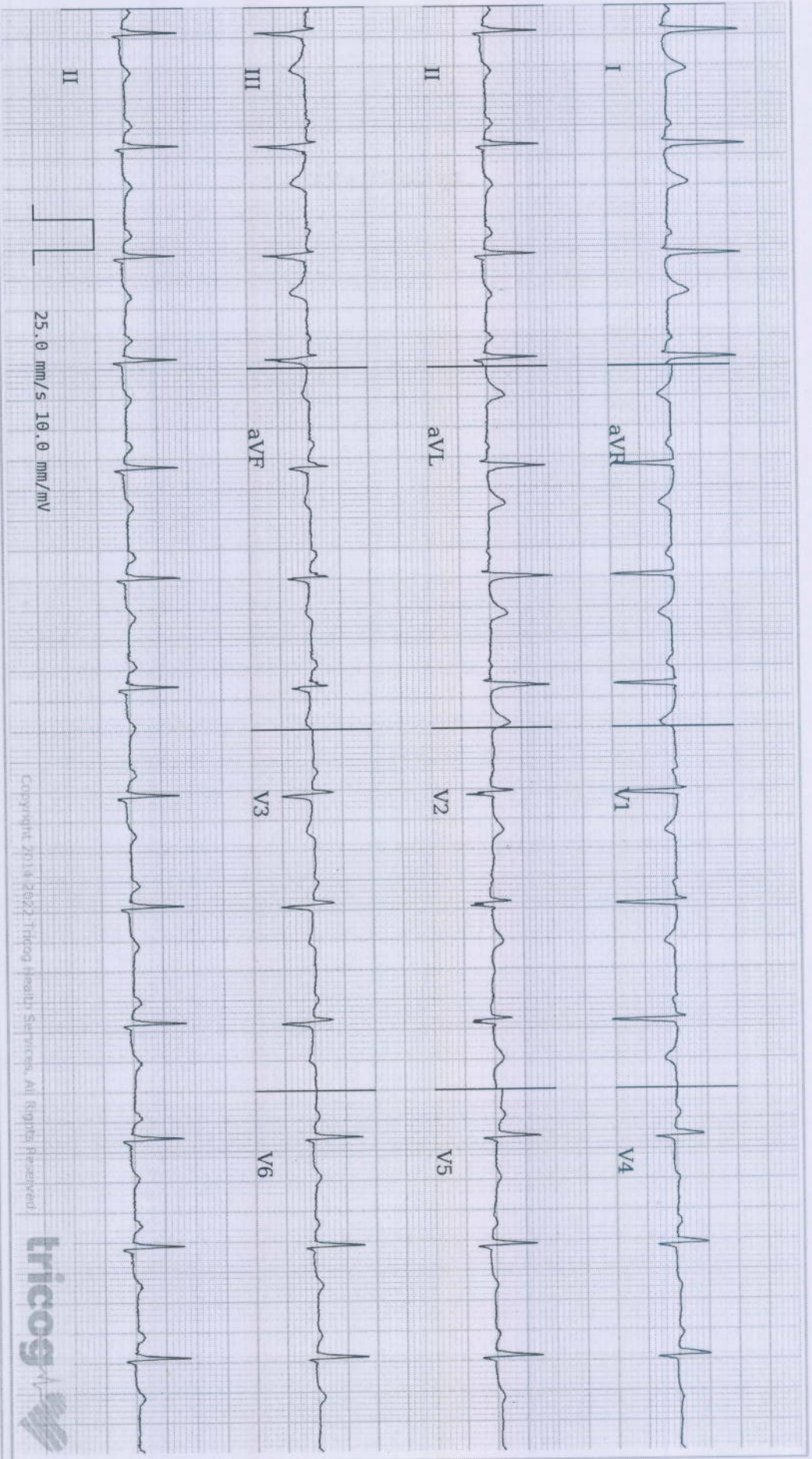


**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**

Patient Name: PRIYANKA SAMJISKAR

Date and Time: 8th Nov 22 10:08 AM

Patient ID: 2231205634



25.0 mm/s 10.0 mm/mV

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Age 31 5 3  
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: 140/100 mmHg

Weight: 72 kg

Height: 157 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 376ms

QTc: 436ms

PR: 144ms

P-R-T: 52° 2° -13°

REPORTED BY

DR SHAILA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. 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.

1136 (2231205634) / PRIYANKA SAMJISKAR / 31 Yrs / F / 158 Cms / 72 Kg Date: 08-Nov-2022

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:27	0:27	00.0	00.0	01.0	096	51%	120/80	115	00	
Standing	00:31	0:04	00.0	00.0	01.0	096	51%	120/80	115	00	
HV	00:34	0:03	00.0	00.0	01.0	096	51%	120/80	115	00	
ExStart	00:37	0:03	01.7	10.0	01.1	093	49%	130/80	120	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	139	74%	130/80	180	00	
PeakEx	04:58	1:21	02.5	12.0	05.8	160	85%	140/80	224	00	
Recovery	05:58	1:00	00.0	00.0	01.0	109	58%	140/80	152	00	
Recovery	06:58	2:00	00.0	00.0	01.0	093	49%	140/80	130	00	
Recovery	08:58	4:00	00.0	00.0	01.0	098	52%	120/80	117	00	
Recovery	09:04	4:07	00.0	00.0	01.0	097	51%	120/80	116	00	

**FINDINGS :**

Exercise Time : 04:21  
 Max HR Attained : 160 bpm 85% of Target 189  
 Max BP Attained : 140/80  
 Max Workload Attained : 5.8 Fair response to induced stress  
 Test End Reasons : Fatigue, Heart Rate Achieved



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

Doctor : DR SHAILAJA PILLAI



**REPORT :**

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 92.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 140.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Fatigue, Heart Rate Achieved.

**CONCLUSIONS:**

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

Doctor : DR SHAILAJA PILLAI

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

# SUBURBAN DIAGNOSTICS THANE GB

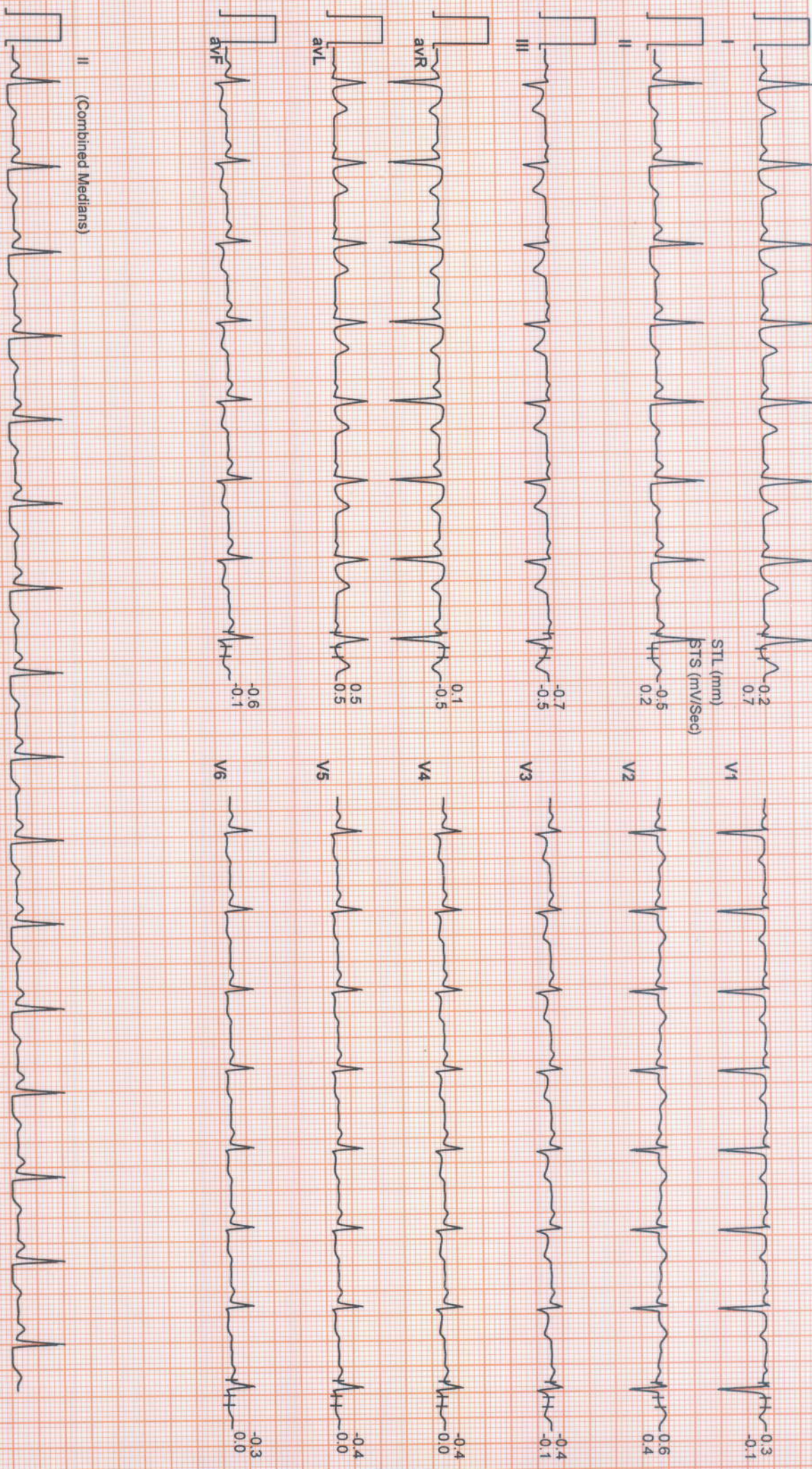
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

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



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 96 Target HR : 51% of 189 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS THANE GB

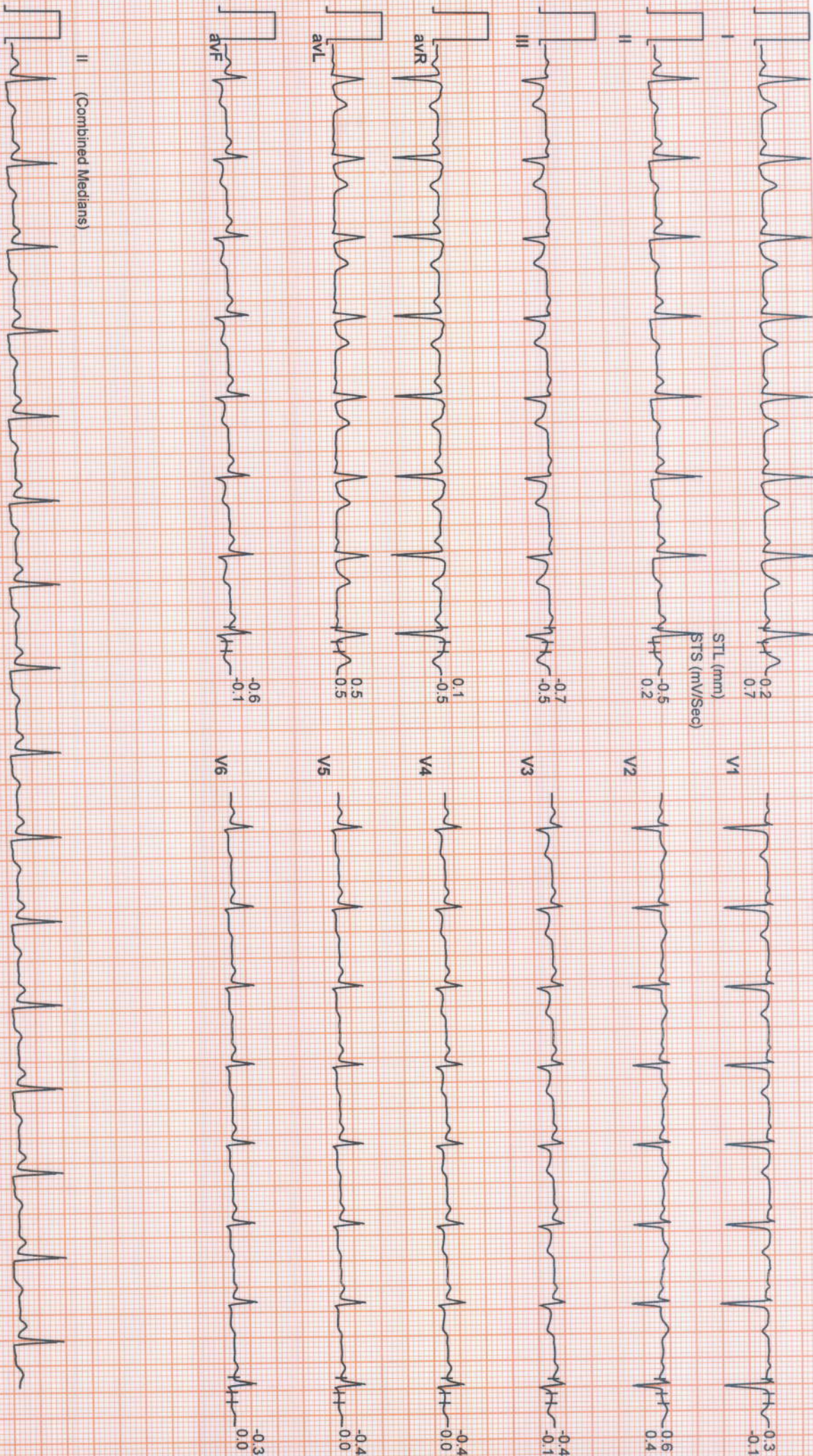
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
STANDING ( 00:00 )



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 96 Target HR : 51% of 189 BP : 120/60 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS THANE GB

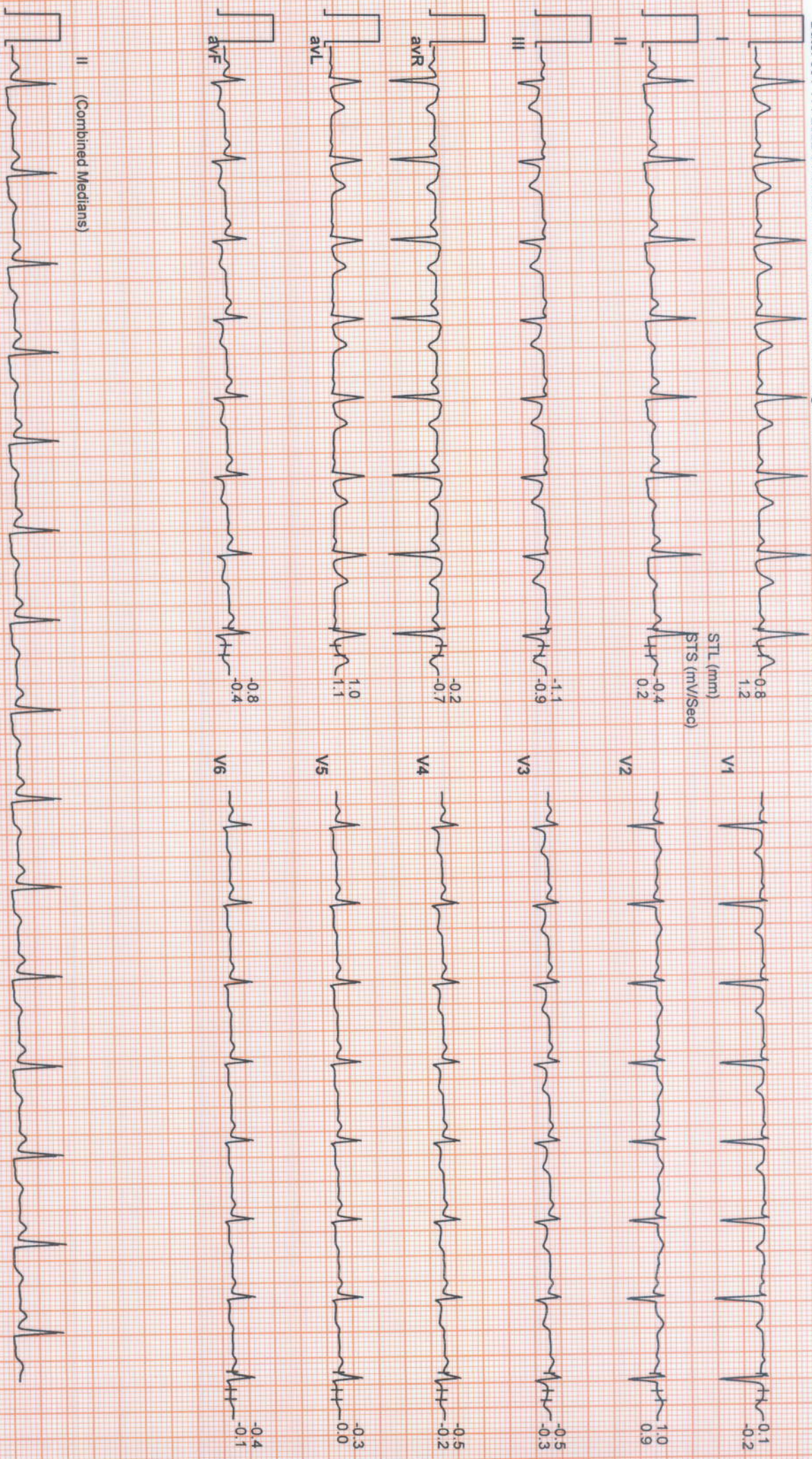
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 92 Target HR : 49% of 189 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS THANE GB

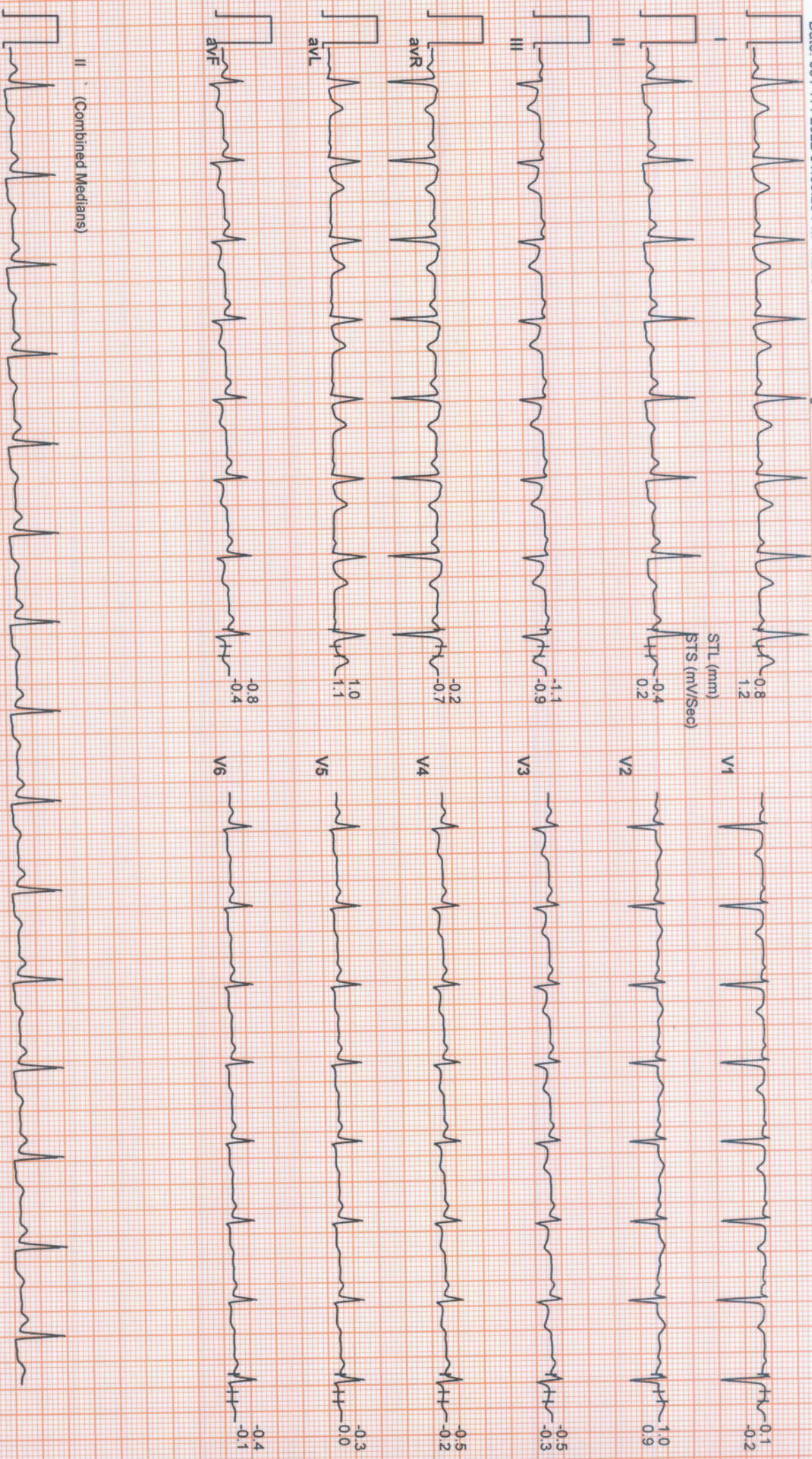
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

# 6X2 Combine Medians + 1 Rhythm



Date: 08 / 11 / 2022 01:00:25 PM METS : 1.0 HR : 92 Target HR : 49% of 189 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS THANE GB

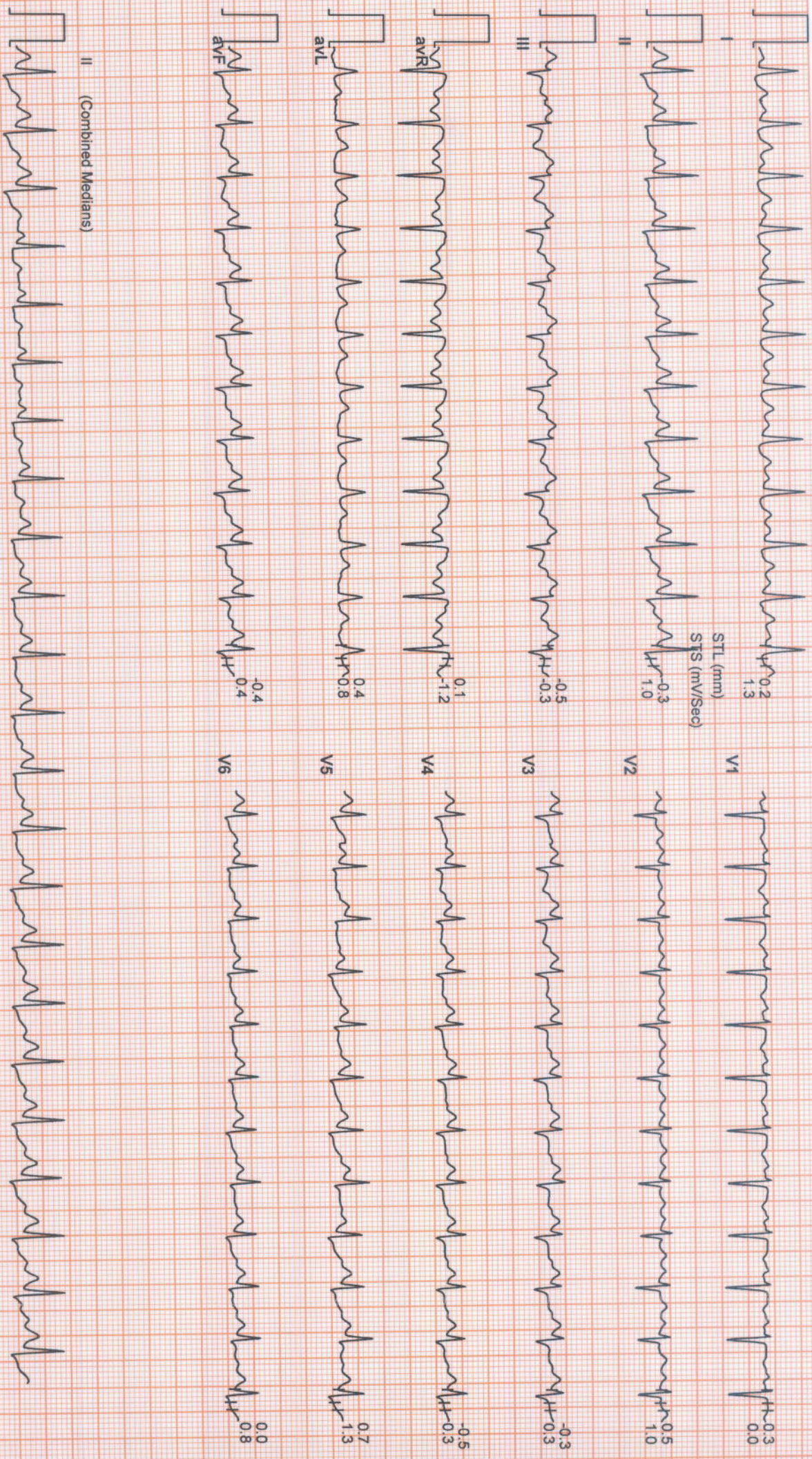
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

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



Date: 08 / 11 / 2022 01:00:25 PM METs : 4.7 HR : 139 Target HR : 74% of 189 BP : 130/80 Post J @60mSec

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





# SUBURBAN DIAGNOSTICS THANE GB

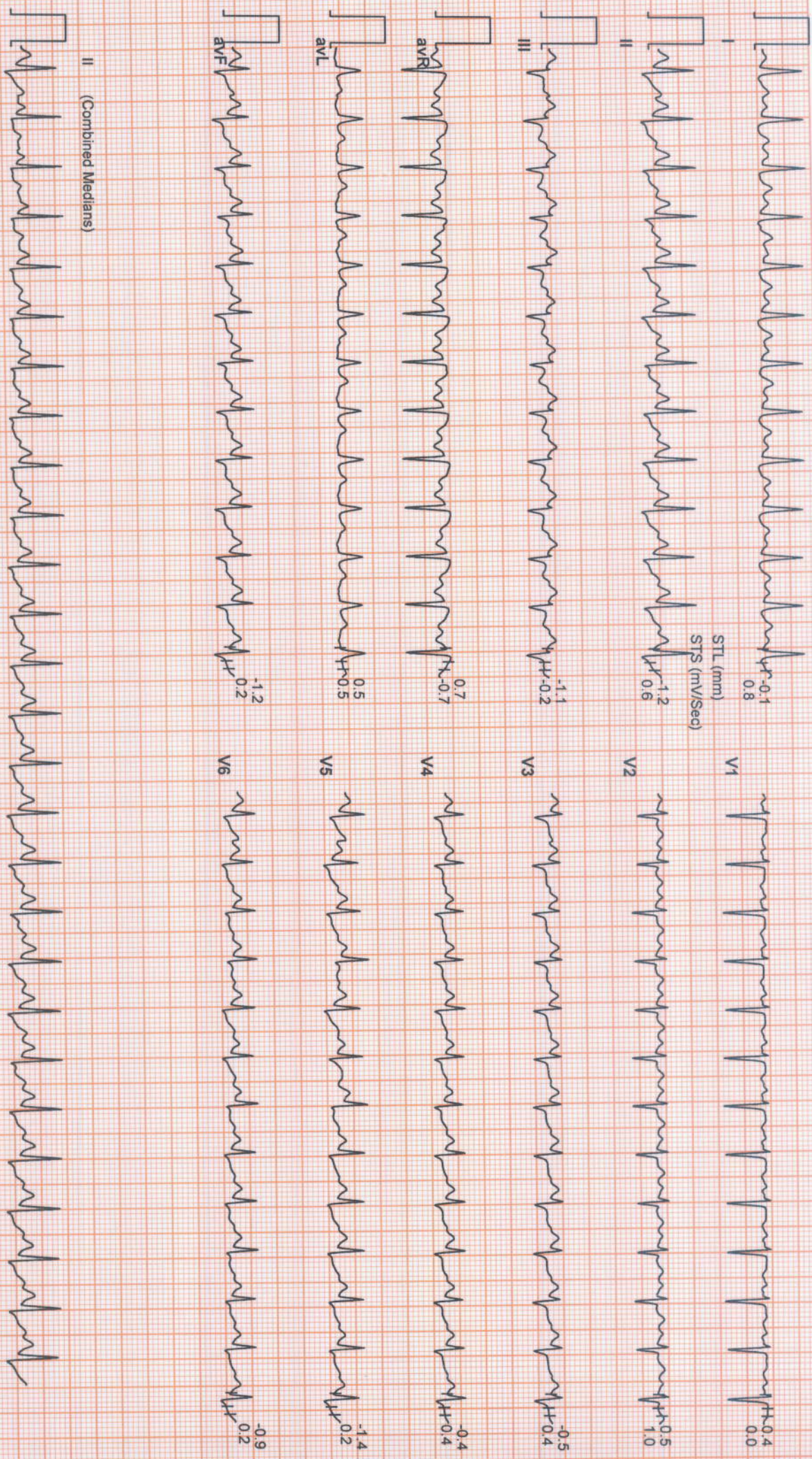
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 08 / 11 / 2022 01:00:25 PM METs : 5.8 HR : 160 Target HR : 85% of 189 BP : 140/80 Post J @60mSec

ExTime: 04:21 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec - 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

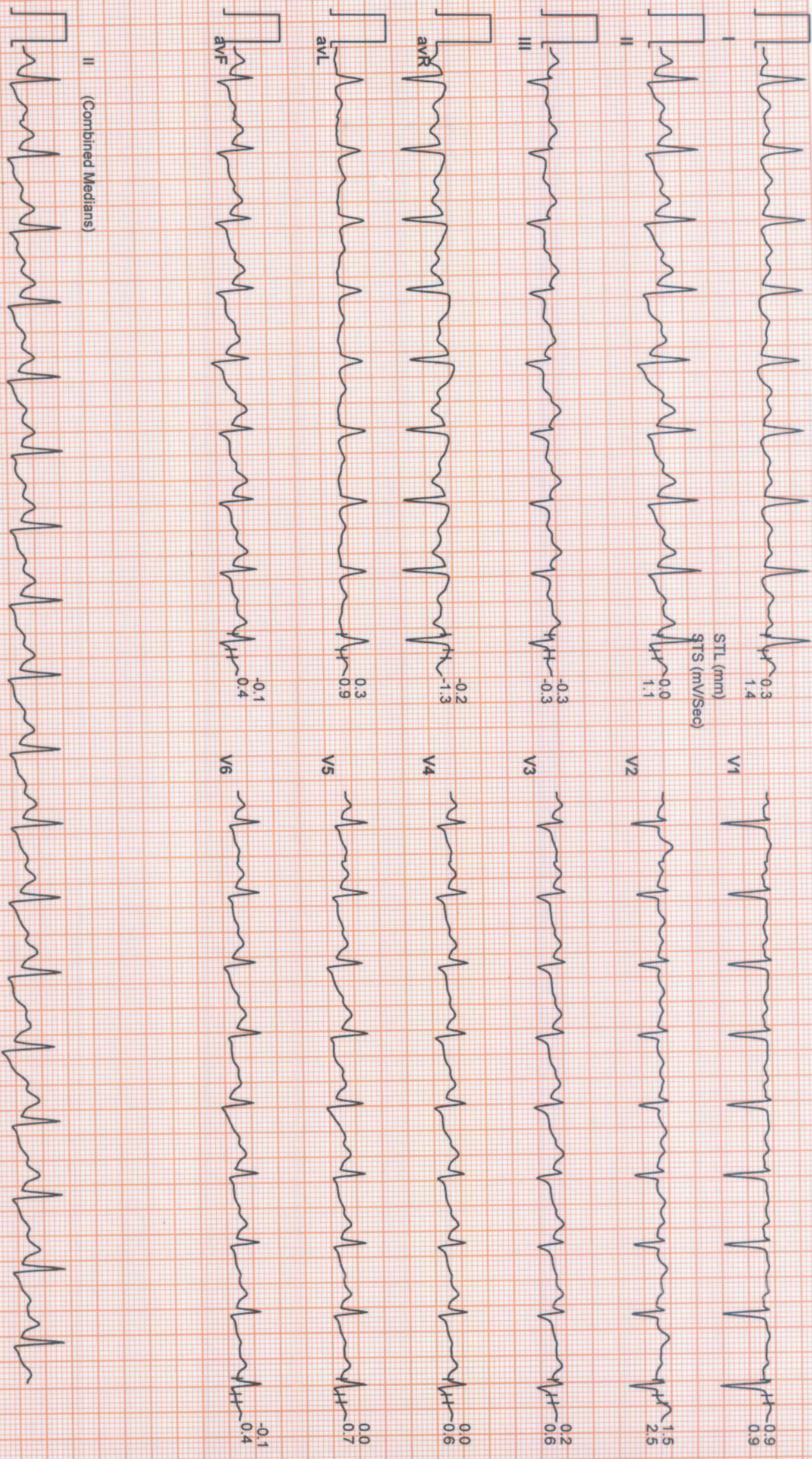
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

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



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 109 Target HR : 58% of 189 BP : 140/80 Post J @60mSec

ExTime: 04:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

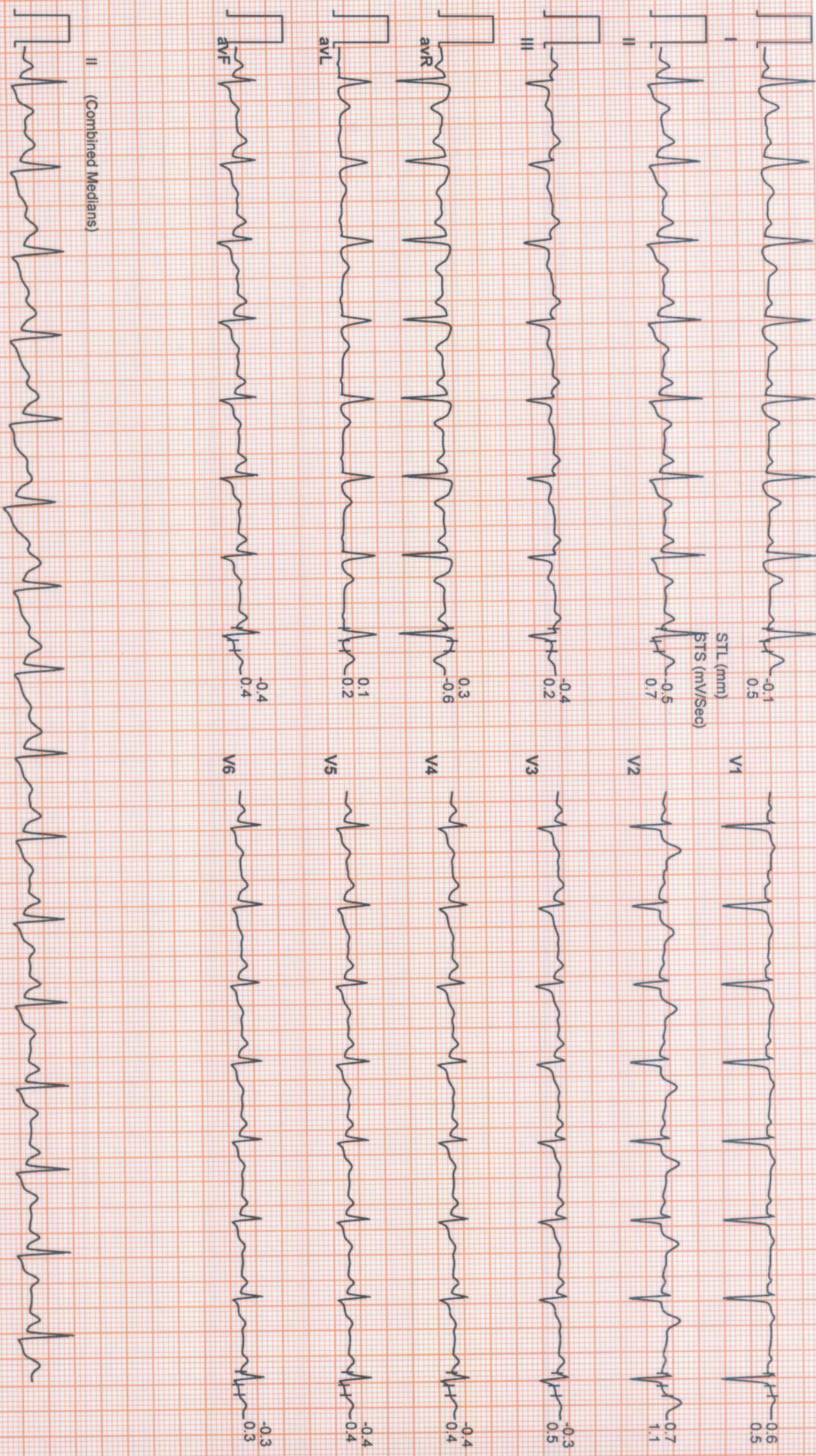
THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

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



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 93 Target HR : 49% of 189 BP : 140/60 Post J @80mSec

EXTime: 04:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec - 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

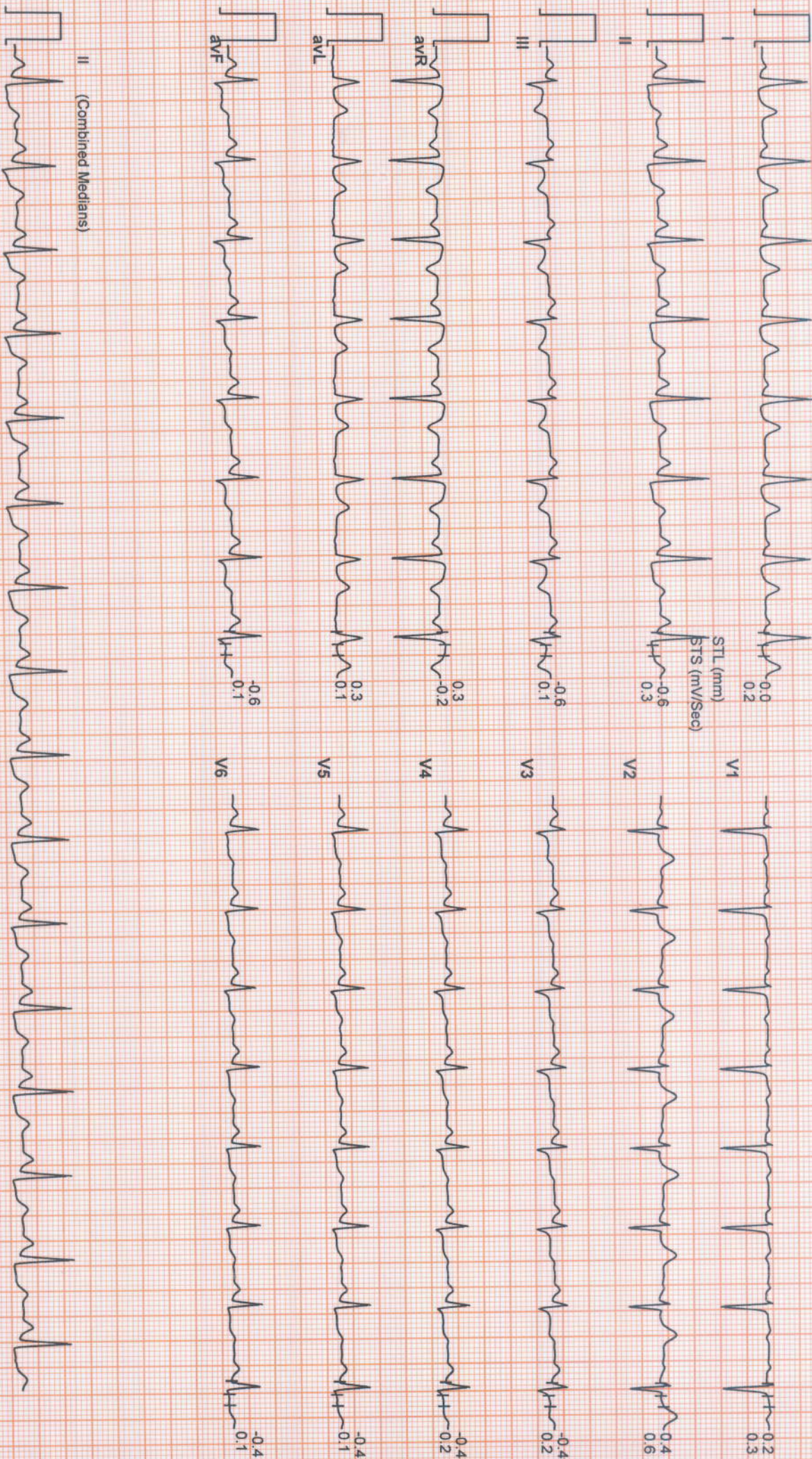
THANE GB  
1/136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

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



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 98 Target HR : 52% of 189 BP : 120/80 Post J @80mSec

EXTime: 04:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec : 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB  
1136 / PRIYANKA SAMJISKAR / 31 Yrs / Female / 158 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:06 )



Date: 08 / 11 / 2022 01:00:25 PM METs : 1.0 HR : 97 Target HR : 51% of 189 BP : 120/80 Post J @80m/Sec

ExTime: 04:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

