



CID : 2304222086
Name : MRS.NIDHI KUMARI
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 11-Feb-2023 / 09:11
Reported : 11-Feb-2023 / 14:48

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 12.3 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.44 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 37.1 | 36-46 % | Measured |
| MCV | 84 | 80-100 fl | Calculated |
| MCH | 27.6 | 27-32 pg | Calculated |
| MCHC | 33.1 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.8 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5200 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 45.4 | 20-40 % | |
| Absolute Lymphocytes | 2360.8 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.9 | 2-10 % | |
| Absolute Monocytes | 254.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 47.5 | 40-80 % | |
| Absolute Neutrophils | 2470.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.2 | 1-6 % | |
| Absolute Eosinophils | 114.4 | 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. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 250000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 11.6 | 6-11 fl | Calculated |
| PDW | 21.5 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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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 | 92.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 94.8 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.46 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.14 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.32 | 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 | 14.0 | 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 | 10.5 | 3-40 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 61.5 | 35-105 U/L | PNPP |
| BLOOD UREA, Serum | 27.7 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 12.9 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.52 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 143 | >60 ml/min/1.73sqm | Calculated |



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Reported : 11-Feb-2023 / 22:27

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| | | | |
|-------------------------|--------|---------------|---------|
| URIC ACID, Serum | 3.1 | 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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Reported : 11-Feb-2023 / 17:19

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 | 4.9 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 93.9 | 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 ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Neutral (7.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.010-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| <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 | 2-4 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 3-5 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 12-15 | Less than 20/hpf | |

Kindly correlate clinically.

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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Collected : 11-Feb-2023 / 09:11
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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

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

*** End Of Report ***



Amit Taori

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 228.8 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 154.5 | 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 | 39.7 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 189.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 158.0 | 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 | 31.1 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 5.8 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 4.0 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



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Reported : 11-Feb-2023 / 16:36

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 | 4.0 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 14.9 | 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 | 2.23 | 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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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 11-Feb-2023 / 16:36

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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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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

भारत सरकार
Government of India



श्रीमती
Nidhi Kumari
आम संभारID08-04/11/1988
लिंग/ GENDER: FEMALE

2041 3411 5401
VID: 9151 9131 9006 0924

भारत सरकार
भारत सरकार
भारत सरकार



Nidhi Kumari



Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Nidhi Kumari
don't want to performed the following tests:

- 1) Stool - R
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2304222086 11/02/23
Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Limited

Thanking you.

Nidhi
Yours sincerely,



(Mr/Mrs/Ms. NIDHI KUMARI)

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|------------------|----------|---------------|
| Patient Name | Ms. Nishi Kumari | Sex/Age | F / 34 yrs |
| Date | 11/02/2023 | Location | KASARVADAVALI |

History and Complaints

Plt = Anxiety ~~for~~ since 3 yrs on Prostin (1/2)
 • Both parents = MDM + HTN
 • No Hx of Noisy

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|-------|
| Height | 154 | Temp (0c): | } MAD |
| Weight | 62.5 | Skin: | |
| Blood Pressure | 110/70 | Nails: | |
| Pulse | 70/min | Lymph Node: | |

Systems :

| | |
|-----------------|-------|
| Cardiovascular: | } MAD |
| Respiratory: | |
| Genitourinary: | |
| GI System: | |
| CNS: | |

Impression:

↑ ESR.
 ↑ TC, TG, HDL & LDL levels

ADVICE :

Regular exercise & morning walk & wt loss of 5-8kgs
 - Avoid fried, fatty food & sweets-
 - Consult physician

CHIEF COMPLAINTS :

| | | |
|-----|-------------------------------------|---|
| 1) | Hypertension: | } |
| 2) | IHD | |
| 3) | Arrhythmia | |
| 4) | Diabetes Mellitus | |
| 5) | Tuberculosis | |
| 6) | Asthma | |
| 7) | Pulmonary Disease | |
| 8) | Thyroid/ Endocrine disorders | |
| 9) | Nervous disorders | |
| 10) | GI system | |
| 11) | Genital urinary disorder | |
| 12) | Rheumatic joint diseases or symptom | |
| 13) | Blood disease or disorder | |
| 14) | Cancer/lump growth/cyst | |
| 15) | Congenital disease | |
| 16) | Surgeries | |

NO

PERSONAL HISTORY:

| | | | |
|----|------------|---|--------------------------|
| 1) | Alcohol | = | } No |
| 2) | Smoking | = | |
| 3) | Diet | = | Veg |
| 4) | Medication | = | prestige 1/2 for Anxiety |

Dr. Kavin H. Shah
M.B.B.S., D.CARD.
MMC Regd. No.3488



Date : 11/02/2023

CID :

Name : Mrs. Nidhi kumari

Sex/Age : F / 34 yrs.

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :
} RE Eye = 6/9
} Lt. Eye = 6/18

Aided Vision : Yes

Refraction : Yes for Both Eyes

Colour Vision : Normal colour vision

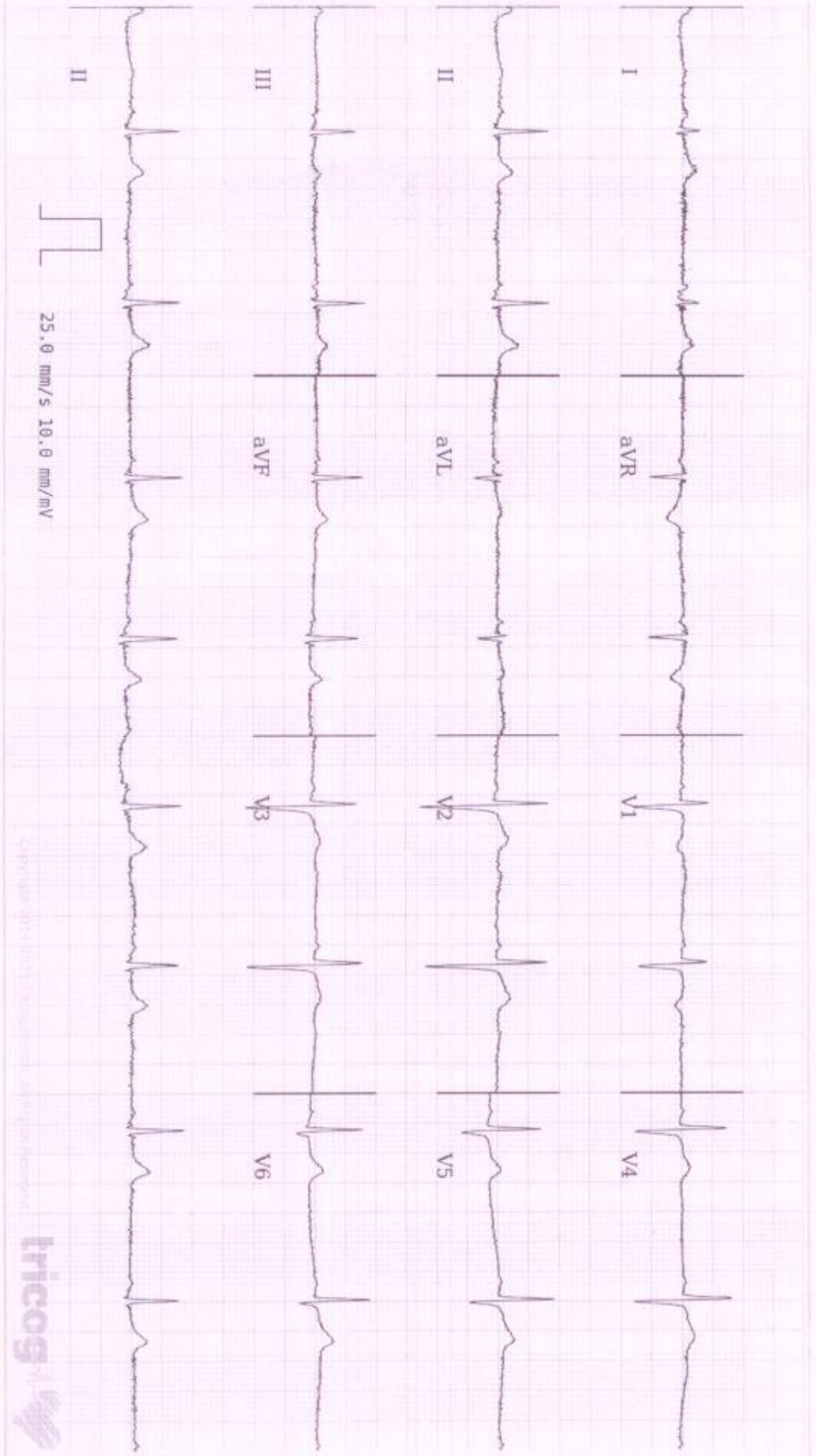
Remarks : RE of Both Eyes
(corrected to spectacles)



Patient Name: NIDHI KUMARI
Patient ID: 2304222086

Date and Time: 11th Feb 23 10:02 AM

SUBURBAN DIAGNOSTICS - IHANE KASAKAVADAVALLI



Age **34** 3 7
years months days

Gender **Female**

Heart Rate **54bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 62 kg
Height: 154 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 392ms
QTc: 371ms
PR: 110ms
P-R-T: -4° 77° 40°

ECG Within Normal Limits: Sinus Bradycardia. Normal axis. Please correlate clinically.

REPORTED BY

Dr. Keena Shah
MBBS, DCAKD
2009/103488



Disclaimer: This report is based on ECG alone and should be read as an adjunct to a clinical history, symptoms, and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. This report shall not be copied by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details Date: 11-Feb-23 Time: 10:50:53 AM
Name: MRS. NIDHI KUMARI ID: 2304222086
Age: 34 y Sex: F Height: 154 cms Weight: 62 Kgs
Clinical History: Anxiety

Medications: Prestige

Test Details

Protocol: Bruce Pr.MHR: 186 bpm THR: 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 11 s Max. HR: 167 (90% of Pr.MHR) bpm Max. Mets: 10.20
Max. BP: 150 / 70 mmHg Max. BP x HR: 25050 mmHg/min Min. BP x HR: 3990 mmHg/min
Test Termination Criteria: THR achieved

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mV/s) |
|------------------|---------------------------|------|----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine | 0 : 17 | 1.0 | 0 | 0 | 78 | 110 / 70 | -0.21 aVF | -0.35 I |
| Standing | 0 : 12 | 1.0 | 0 | 0 | 65 | 110 / 70 | -0.21 I | -0.71 II |
| Hyperventilation | 0 : 20 | 1.0 | 0 | 0 | 57 | 110 / 70 | -0.21 I | 1.06 V1 |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 118 | 120 / 70 | -3.82 III | 4.95 III |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 131 | 130 / 70 | -2.12 V6 | -3.89 V6 |
| Peak Ex | 1 : 11 | 10.2 | 3.4 | 14 | 167 | 150 / 70 | -2.97 V5 | 5.66 V3 |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 129 | 140 / 70 | -2.55 V6 | 3.18 V6 |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 99 | 130 / 70 | -0.85 III | 3.18 V3 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 89 | 120 / 70 | -1.49 V3 | 1.42 V4 |
| Recovery(4) | 1 : 0 | 1.0 | 0 | 0 | 82 | 110 / 70 | -0.42 aVF | 0.71 V4 |
| Recovery(5) | 0 : 30 | 1.0 | 0 | 0 | 81 | 110 / 70 | -0.21 II | 0.71 V5 |

Interpretation

The patient exercised according to the Bruce protocol for 7 m 11 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 78 bpm, rose to a max. heart rate of 167 (90% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 70 mmHg.

Baseline ECG s/o Normal Sinus Rhythm.
 No significant ST - T changes during exercise and recovery.
 No evidence of arrhythmias.
 Normal haemodynamic response.
 Good effort tolerance.

IMPRESSION: Stress test is **NEGATIVE** for inducible ischemia at moderate workload. **DISCLAIMER:** Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)



Dr. Kavın H. Shah
 M.B.B.S., D.CARD
 MMC Regd. No.3488

Doctor: Dr. Kavın Shah

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MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 23042222086

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

HR: 65 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 110/70

ST Level (mm) ST Slope (mV/s)

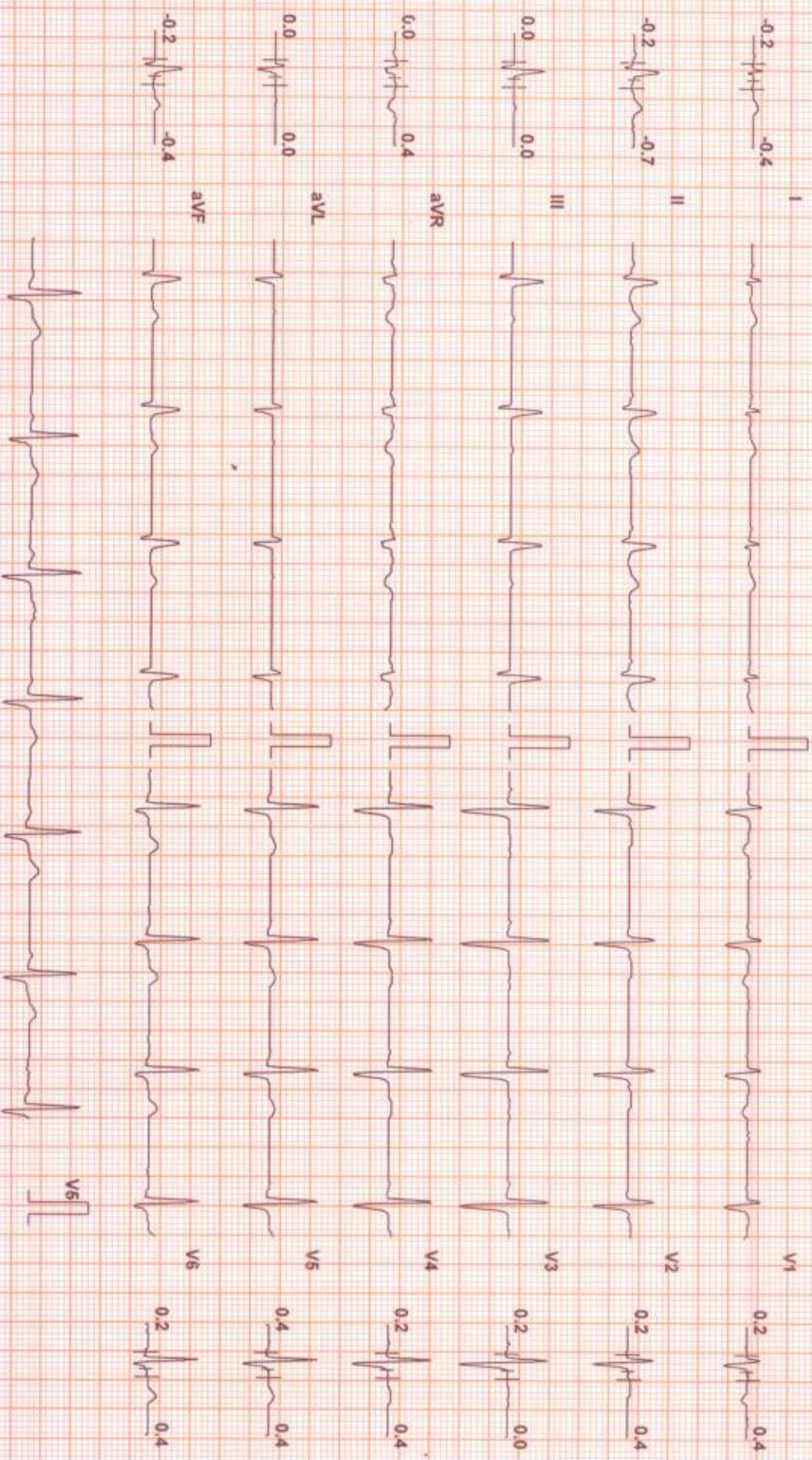


Chart Speed: 25 mm/sec
Schlifer Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 66 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

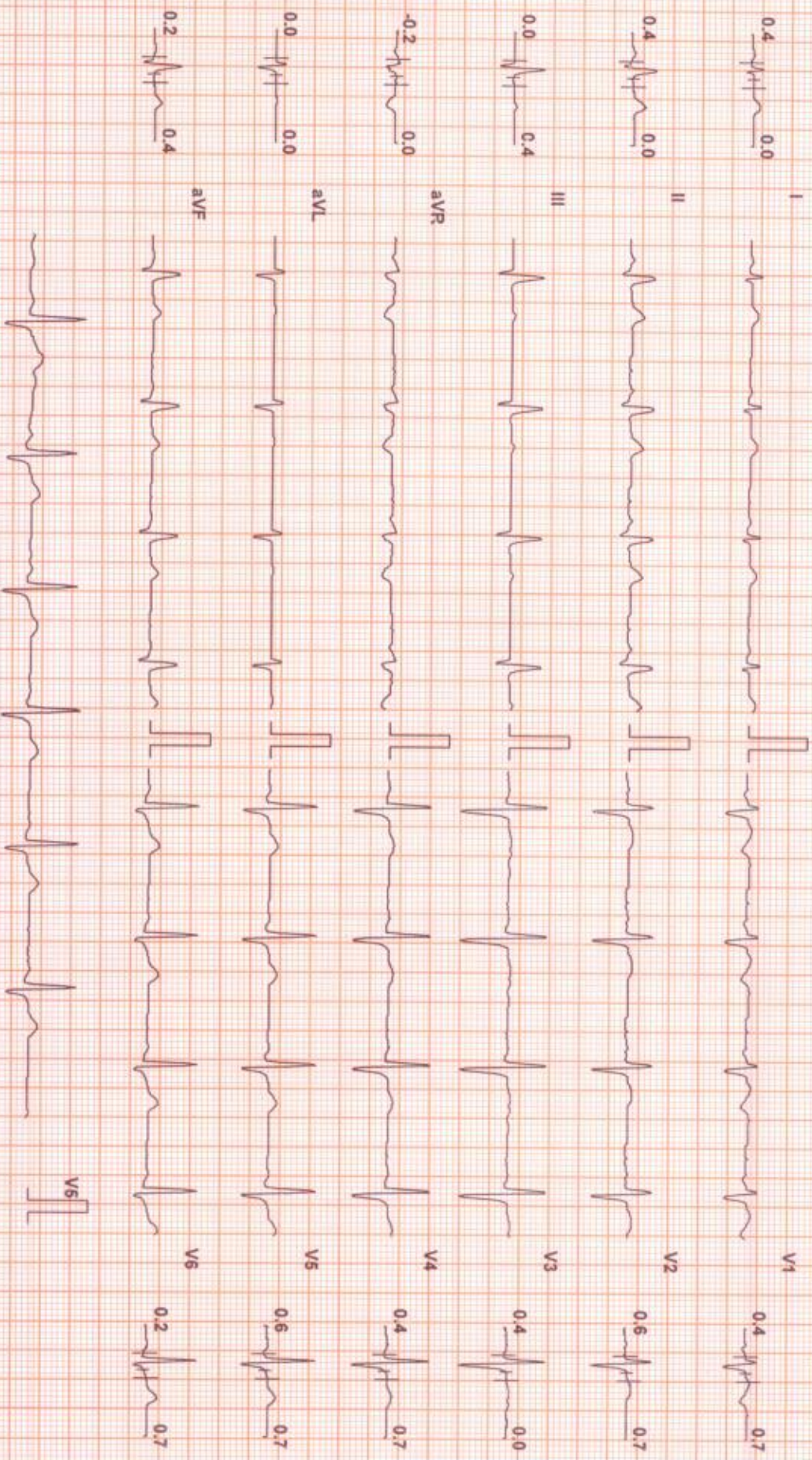


Chart Speed: 25 mm/sec
Schlifer Standard V47

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s

HR: 65 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

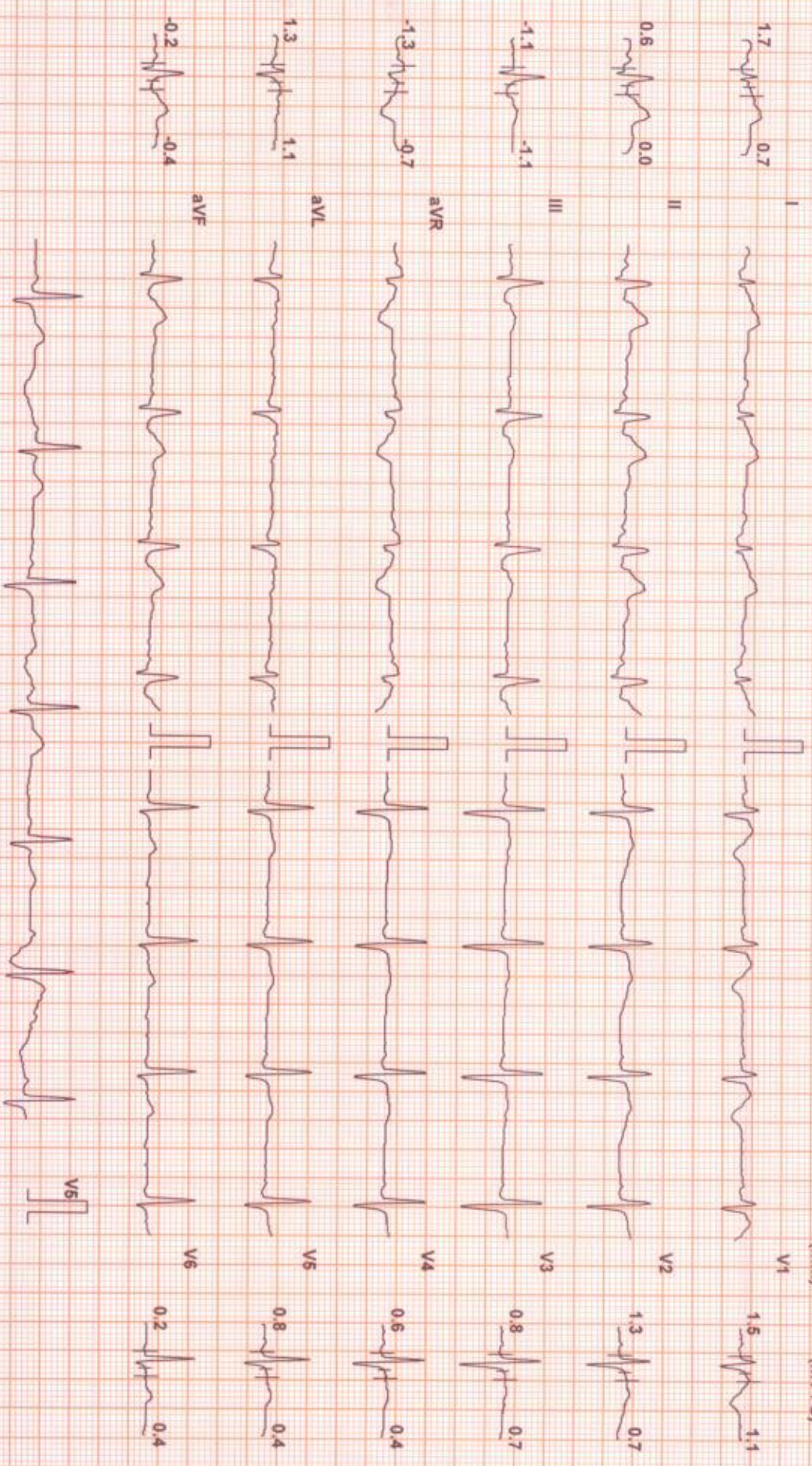


Chart Speed: 25 mm/sec
Schluter Sparden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 117 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 158 bpm)

B.P: 120/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

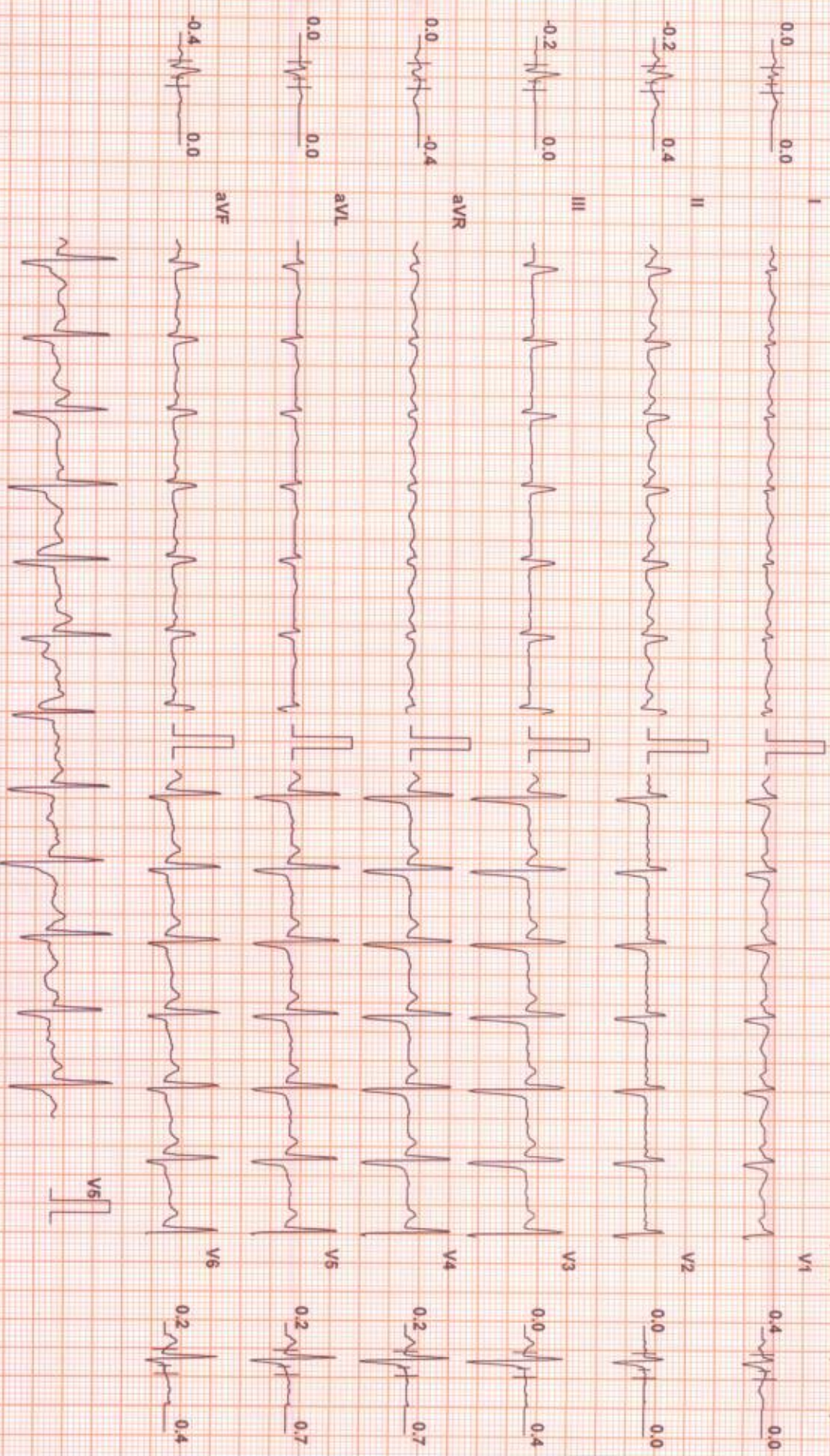


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

100 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P. 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

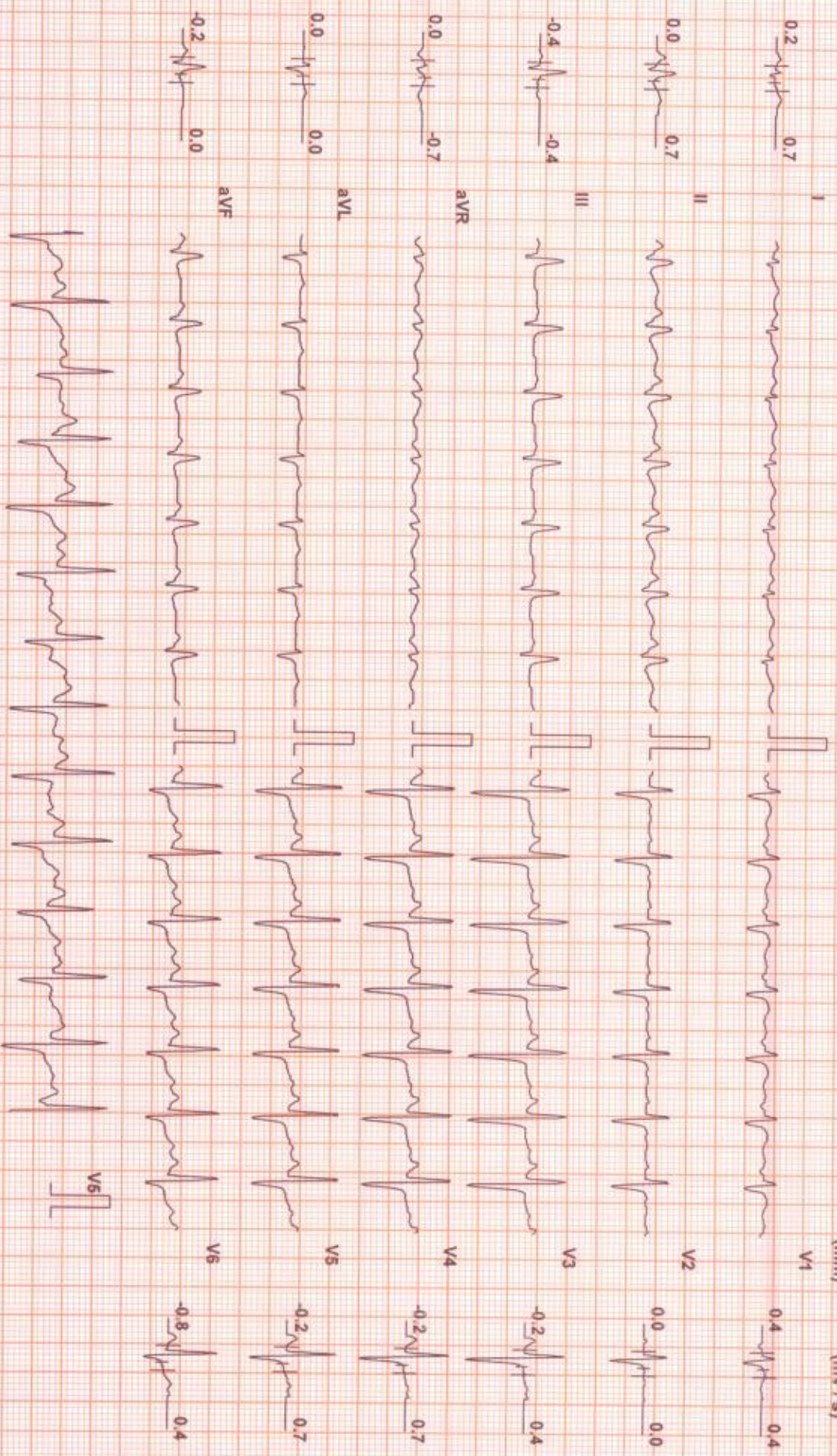


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V4.7

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 5 s

Stage Time : 1 m 5 s

HR: 157 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Peak EX

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P.: 150/70

ST Level (mm)

ST Slope (mV/s)

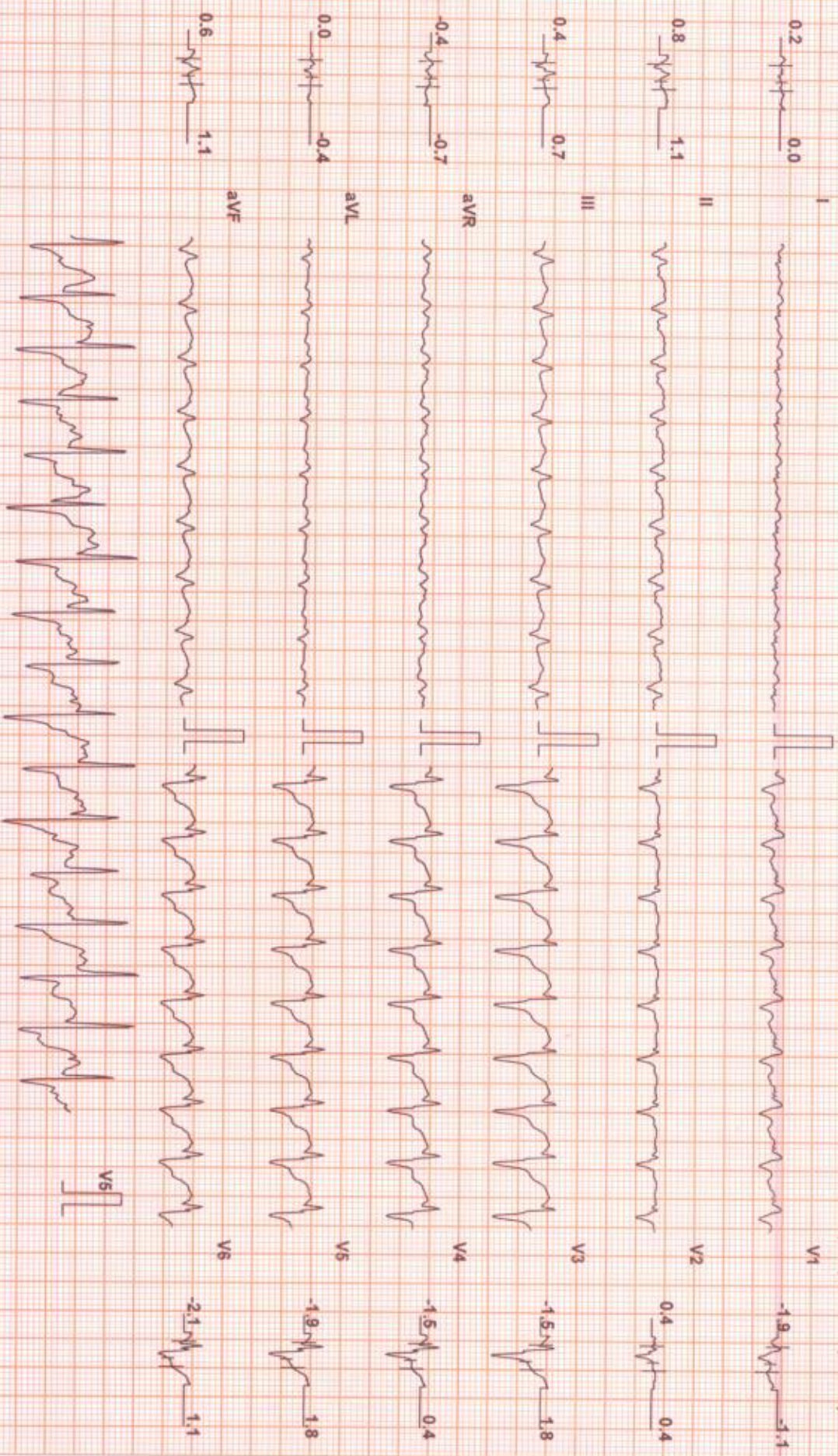


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schuler Spandau V.4.7



MRS. NIDHI KUMARI (34 F)

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Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 11 s

Stage Time : 0 m 54 s

HR: 129 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

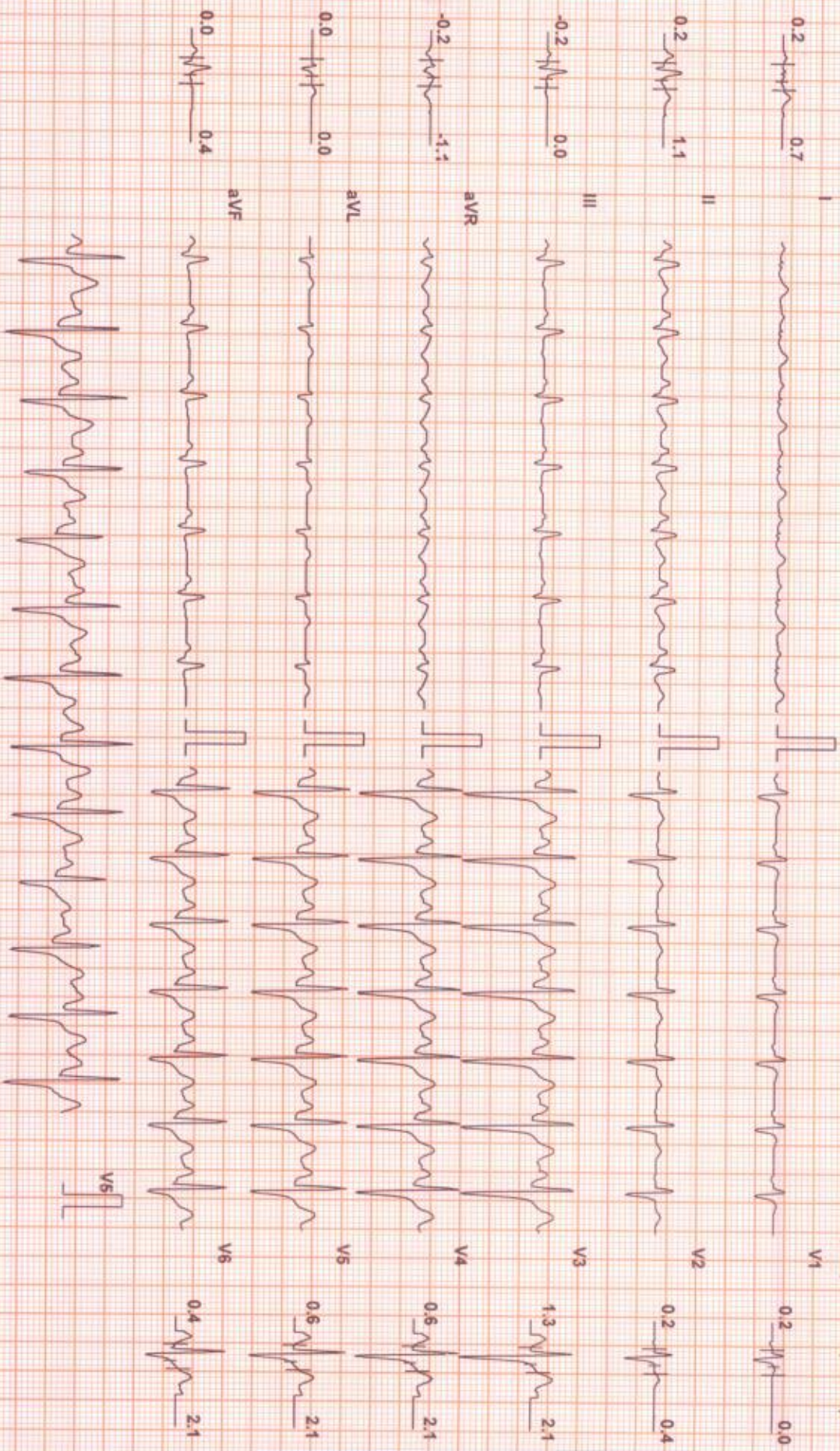


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

30 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V.4.7

Linked Median



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Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 11 s Stage Time : 0 m 54 s HR: 94 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

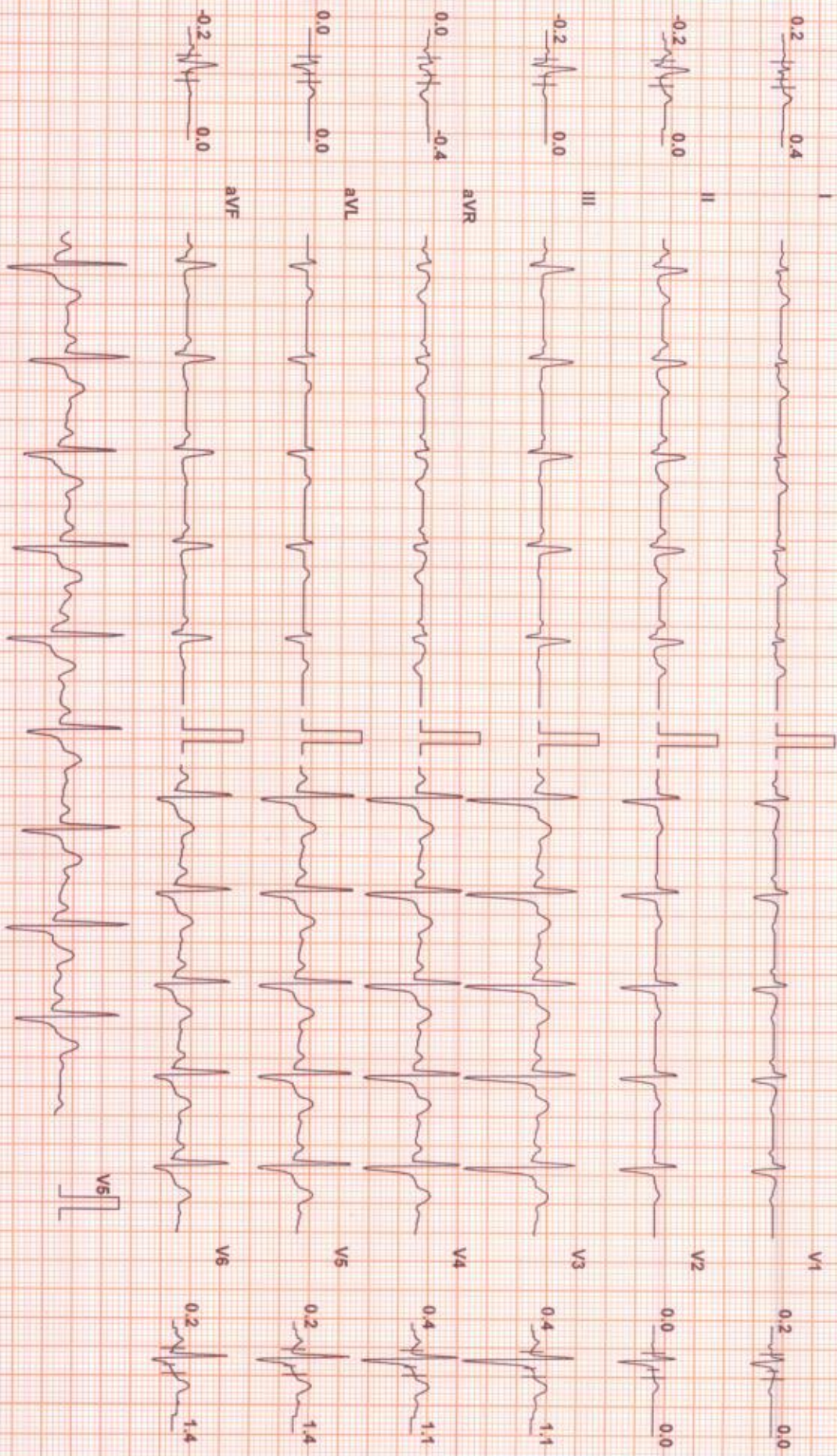


Chart Speed: 25 mm/sec
Schiller Spanden V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 11 s Stage Time : 0 m 54 s HR: 82 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

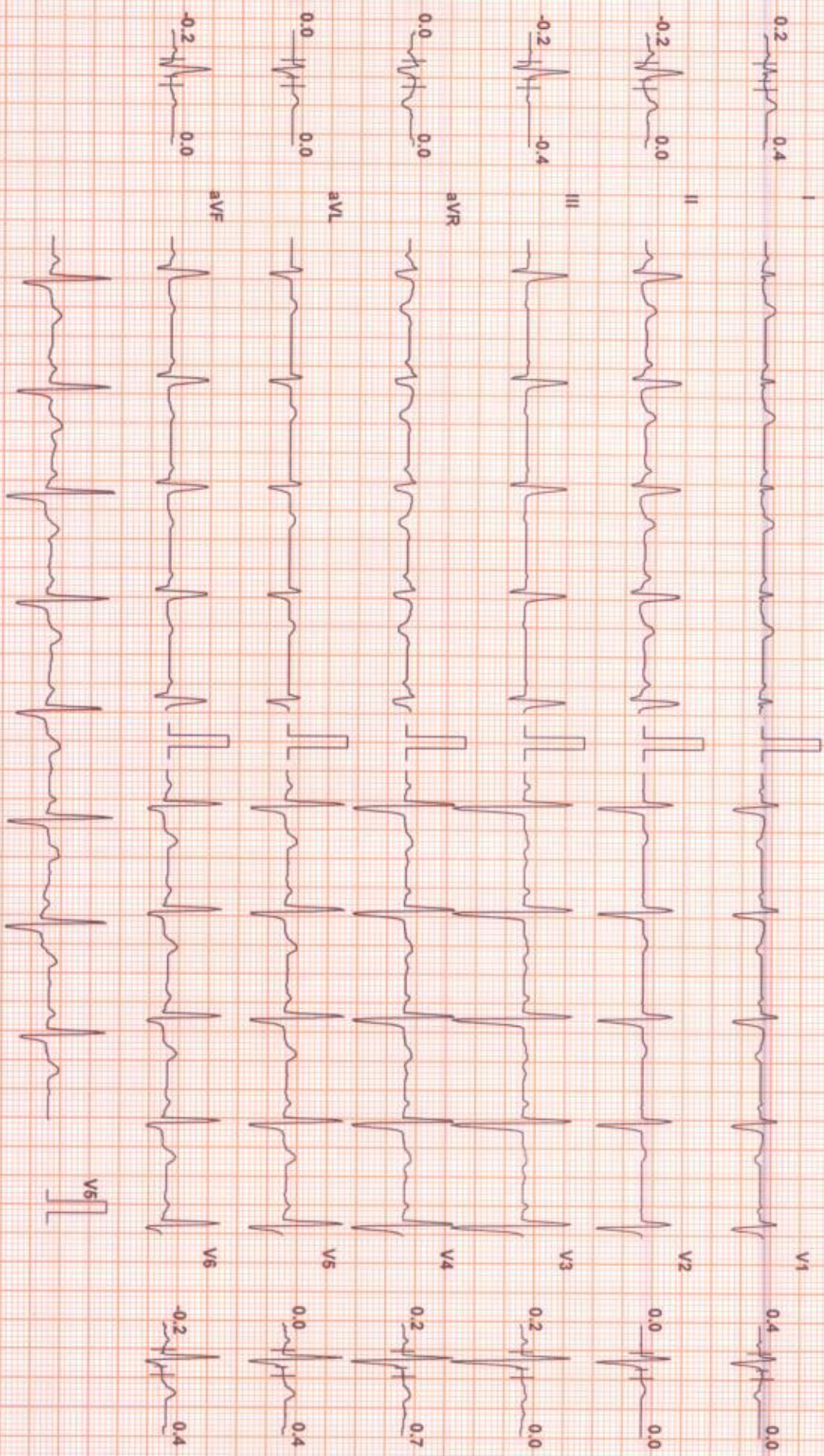


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandon V 4.7

Linked Median



MRS. NIDHI KUMARI (34 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 11 s

Stage Time : 0 m 54 s

HR: 83 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110/70

ST Level (mm) ST Slope (mV/s)

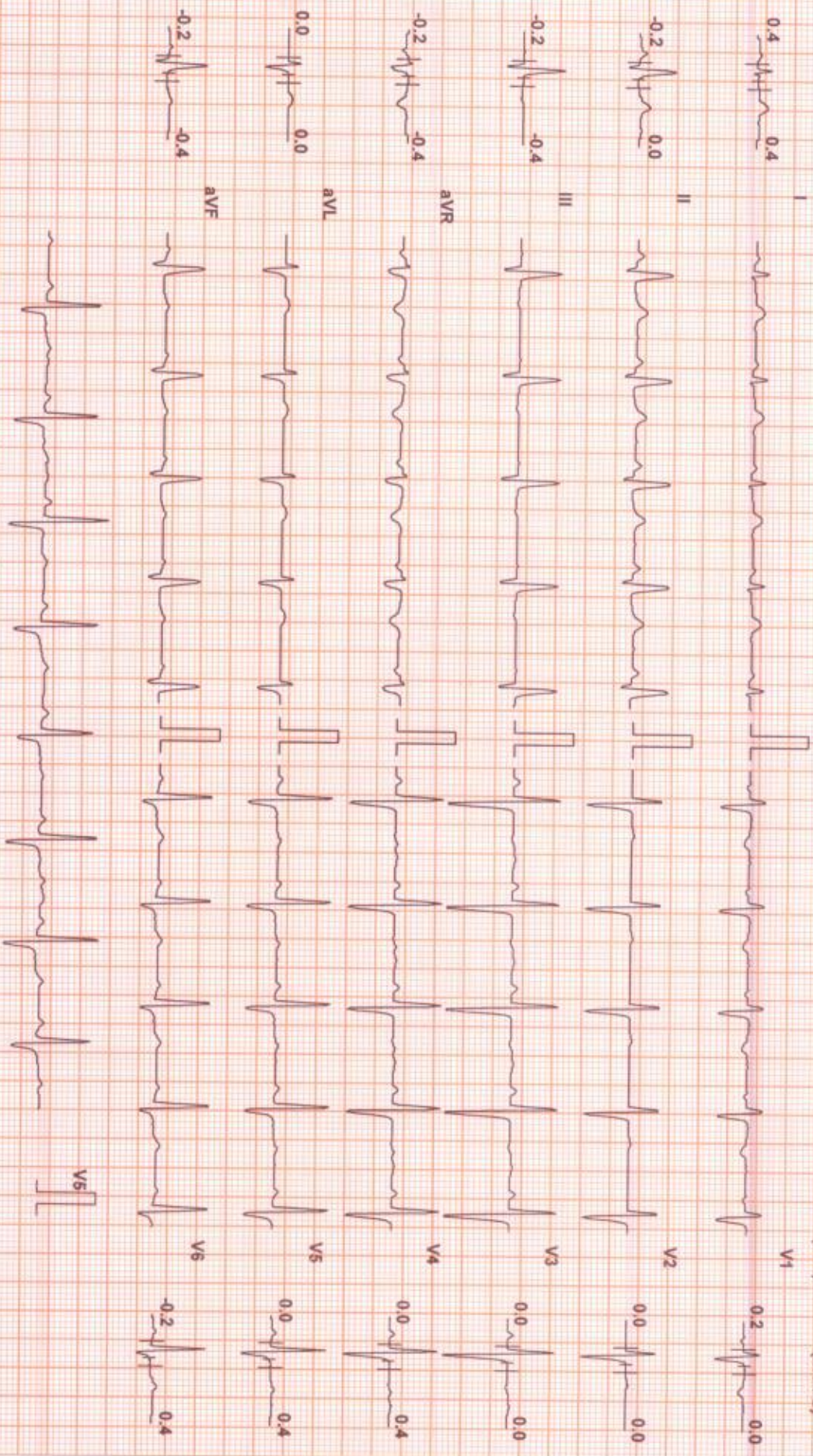


Chart Speed: 25 mm/sec
Schiller Spandien V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

30 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. NIDHI KUMARI (34 F)

ID: 2304222086

Date: 11-Feb-23

Exec Time : 7 m 11 s Stage Time : 0 m 54 s

HR: 83 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P: 110/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

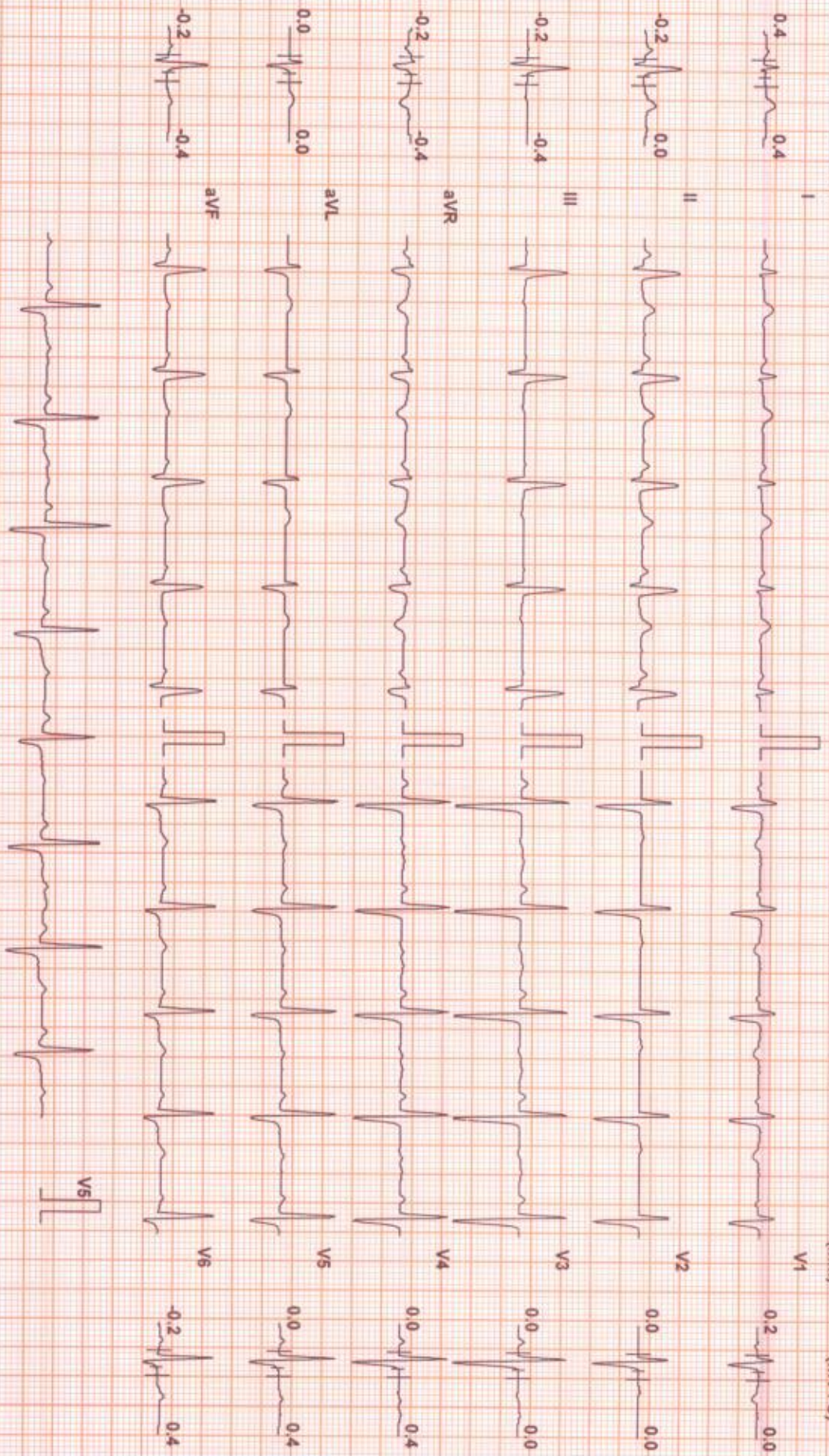


Chart Speed: 25 mm/sec
Schlitz Spandau V47

Filter: 35 Hz

Mainse Fil: ON

Amp: 10 mm

iso * R - 60 ms

J - R - 60 ms

Post J = J + 60 ms

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2304222086
Name : Mrs Nidhi Kumari
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 10:43

USG ABDOMEN AND PELVIS

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:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.7 x 4.3 cm. Left kidney measures 10.6 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 8.0 x 4.4 x 5.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.2 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sessionNo=2023021109060564

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Use a QR Code Scanner
Application To Scan the Code

CID : 2304222086
Name : Mrs Nidhi Kumari
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 10:43

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IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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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Page no 2 of 2

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2304222086
Name : Mrs Nidhi Kumari
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 10:17

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

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