



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रमांक / Enrollment No.: 0515/45020/77027

To
गर्विता गुप्ता
Garvita Gupta
C/O: Sanjeev Gupta,
C-88 Arpita Enclave, indore Road,
VTC: Ujjain,
PO: Ujjain M.L.Nagar,
Sub District: Ujjain, District: Ujjain,
State: Madhya Pradesh,
PIN Code: 456010,
Mobile: 9479431887

118580302



MG185803025F1



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आपका आधार क्रमांक / Your Aadhaar No.:

6766 7511 9034

मेरा आधार, मेरी पहचान

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714



भारत सरकार
Government of India



आधार

Issue Date : 04/06/2012



गर्विता गुप्ता
Garvita Gupta
जन्म तिथि / DOB : 17/03/1996
महिला / Female

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

6766 7511 9034

मेरा आधार, मेरी पहचान

CID# : 2235820160
Name : MRS.GARVITA GUPTA
Age / Gender : 26 Years/Female
Consulting Dr. : - Collected : 24-Dec-2022 / 08:55
Reg.Location : Borivali West (Main Centre) Reported : 26-Dec-2022 / 08:32

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	159cm	Weight (kg):	69kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70mmhg	Nails:	Normal
Pulse:	74/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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Reported : 26-Dec-2022 / 08:32

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	No
17) Musculoskeletal System	No

PERSONAL HISTORY:

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

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714
Dr.NITIN SONAVANE
PHYSICIAN

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Name : MRS.GARVITA GUPTA
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Dec-2022 / 09:02
Reported : 24-Dec-2022 / 11:55

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	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.6	36-46 %	Measured
MCV	81	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6170	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	2054.6	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	499.8	200-1000 /cmm	Calculated
Neutrophils	55.9	40-80 %	
Absolute Neutrophils	3449.0	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	148.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	326000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated



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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 25 2-20 mm at 1 hr. Sedimentation

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



Bmhasakar

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



CID : 2235820160
Name : MRS.GARVITA GUPTA
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Dec-2022 / 09:02
Reported : 24-Dec-2022 / 13:30

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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	86.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	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	0.20	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.36	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	15.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.1	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	10.8	<38 U/L	Modified IFCC



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Collected : 24-Dec-2022 / 12:26
Reported : 24-Dec-2022 / 14:17

Kindly note change in Ref range and method w.e.f.11-07-2022

ALKALINE PHOSPHATASE, Serum	73.6	46-116 U/L	Modified IFCC
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Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum	25.1	19.29-49.28 mg/dl	Calculated
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Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum	11.7	9.0-23.0 mg/dl	Urease with GLDH
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Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	142	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.2	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
-------------------------	--------	--------

Urine Sugar (PP)	Absent	Absent
------------------	--------	--------

Urine Ketones (PP)	Absent	Absent
--------------------	--------	--------

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



MC-2111

Bmhasakar

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



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CID : 2235820160
Name : MRS.GARVITA GUPTA
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 24-Dec-2022 / 09:02
Reported : 24-Dec-2022 / 15:28

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Garvita Gupta

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2235820160
Name : MRS.GARVITA GUPTA
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	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	3-4	Less than 20/hpf	
Others	-		

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



MC-2111

Bmhasakar

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



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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 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. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2235820160
Name : MRS.GARVITA GUPTA
Age / Gender : 26 Years / Female
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	147.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	73.1	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	36.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	110.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.1	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	14.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



Dr. Vrushali Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2235820160
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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	5.8	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	11.9	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.176	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reg. Location : Borivali West (Main Centre)

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Reported : 24-Dec-2022 / 13:30

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 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 ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

Date:- 24/12/22
Name:- Garvita Gupta

CID: 2235820160
Sex / Age: 26 / F

EYE CHECK UP

Chief complaints: | NIL

Systemic Diseases: | NIL

Past history:

Unaided Vision:

RE LE
6/6 6/6

Aided Vision:

Refraction:

N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Mumbai-400053.

CID NO: 2235820160		
NAME: MRS. GARVITA GUPTA	AGE: 26 YRS	SEX: F
REF. BY : ----	DATE: 24/12/2022	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 11 cm , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 10 mm normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 10.2 x 4.8 cm. Left kidney measures 10.1 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size 8.6 cm , 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, normal and measures 7.2 x 3.7 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 9.1 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 1.5 x 3.0 cm.

The left ovary measures 1.4 x 2.9 cm.

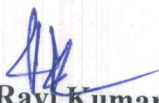
Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.


Dr. Ravi Kumar, MD
Consultant Radiologist
Reg no.2008041721

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Authenticity Check



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CID : 2235820160
Name : Mrs Garvita gupta
Age / Sex : 26 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 16:24

X-RAY CHEST PA VIEW

Mid inspiratory film.

Both lung fields are clear.

The cardiac size and shape are within normal limits.

Both costo-phrenic angles appear normal.

Visualized bony thorax appears unremarkable.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Rohit before dispatch.

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122408561405>



Age **26** 9 7
years months days

Gender **Female**

Heart Rate **85bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 69 kg

Height: 159 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 362ms

QTc: 430ms

PR: 160ms

P-R-T: 64° 75° 53°

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

DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST

Regd. Office:-

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Mumbai-400053.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB/D.CARD
Consultant Cardiologist
87714

trico

Disclaimer: If Analysis in this report is based on ECG wave and should be used as an advice for clinical history, symptoms, and results of other tests, and must be interpreted by a qualified physician. The findings and any other information are not intended to be a substitute for a physician's advice and should not be used for medical purposes.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Date: 24-12-2022 Time: 09:34

Name: **GARVITA GUPTA**

Age: 26

Gender: F

Height: 159 cms

Weight: 69 Kg

ID: 2235820160

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 194

Target HR: 164

Exercise Time: 0:04:56

Achieved Max HR: 170 (88% of Predicted MHR)

Max BP: 150/70

Max BP x HR: 25500

Max Mets: 5.8

Test Termination Criteria: TEST COMPLETE

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:16	1	0	0	76	100/70	7600	1 I	-0.4 aVR
Standing	00:24	1	0	0	105	100/70	10500	0.6 V6	-2.6 III
HyperVentilation	00:11	1	0	0	99	100/70	9900	1 V2	-2 III
PreTest	00:12	1	1.6	0	97	100/70	9700	2.5 V6	-0.8 V6
Stage: 1	03:00	4.7	2.7	10	148	120/70	17760	1.7 V2	-0.9 aVR
Peak Exercise	01:56	5.8	4	12	170	150/70	25500	-3.3 II	-1.4 III
Recovery1	01:00	1	0	0	115	150/70	17250	1.4 aVL	0.9 V2
Recovery2	01:00	1	0	0	99	130/70	12870	-0.7 aVR	-0.3 aVR
Recovery3	01:00	1	0	0	95	110/70	10450	0.6 V2	-1.2 III
Recovery4	01:00	1	0	0	91	100/70	9100	0.7 aVL	-0.3 III

Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:56 achieving a work level of 5.8 METS.
Resting Heart Rate, initially 76 bpm rose to a max. heart rate of 170bpm (88% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
Good Effort tolerance Normal HR & BP Responce No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

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DR. NITIN SONAVANE
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CONSULTANT-CARDIOLOGIST
REGD. NO. 18744
Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-20 Version:2.14.0

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 76 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235820160
Stage: Supine

Date: 24-12-2022
Speed: 0 km/h

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:16
THR: 164 bpm

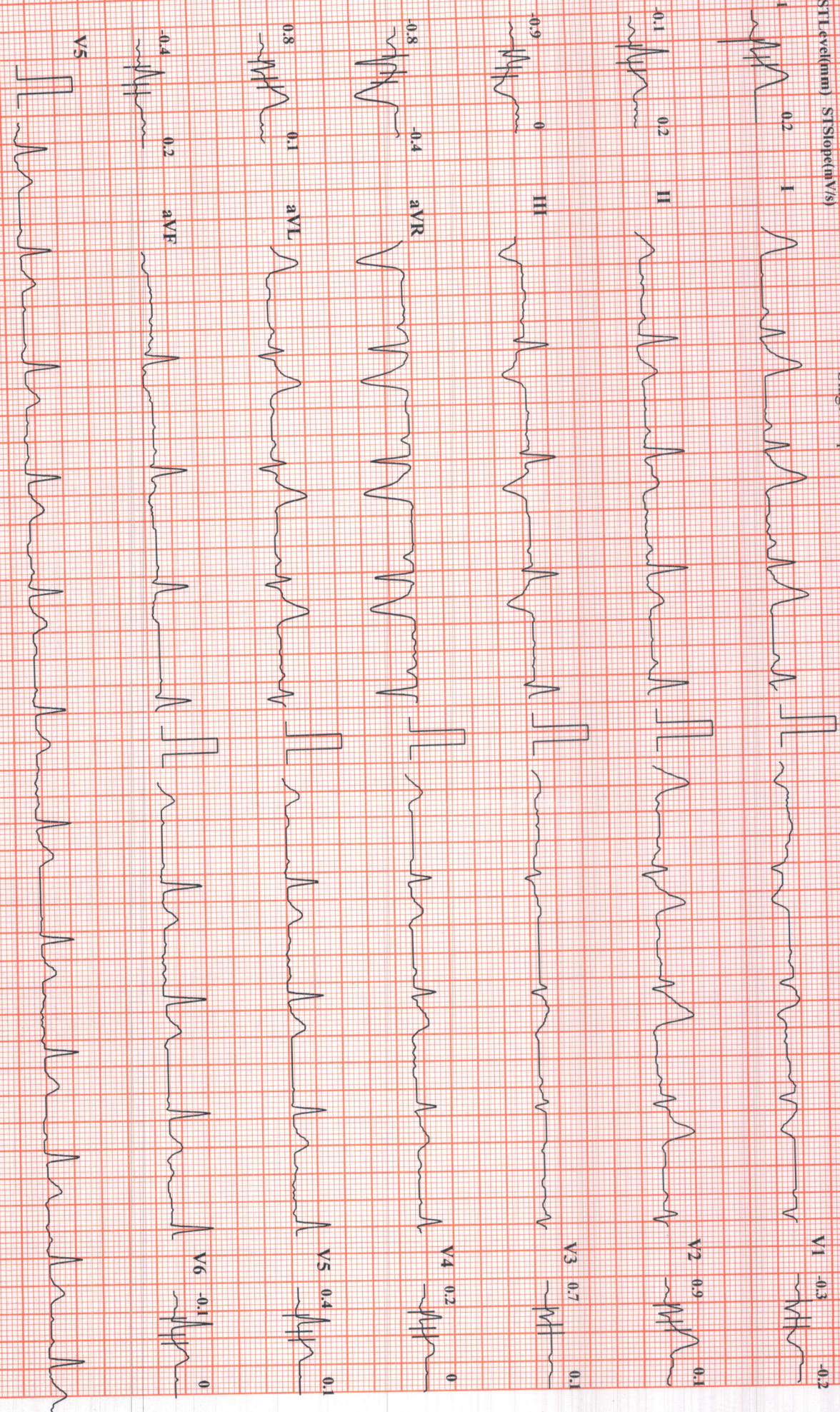


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235820160

Stage: Standing

Date: 24-12-2022

Speed: 0

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:24

THR: 164 bpm

HR: 105 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

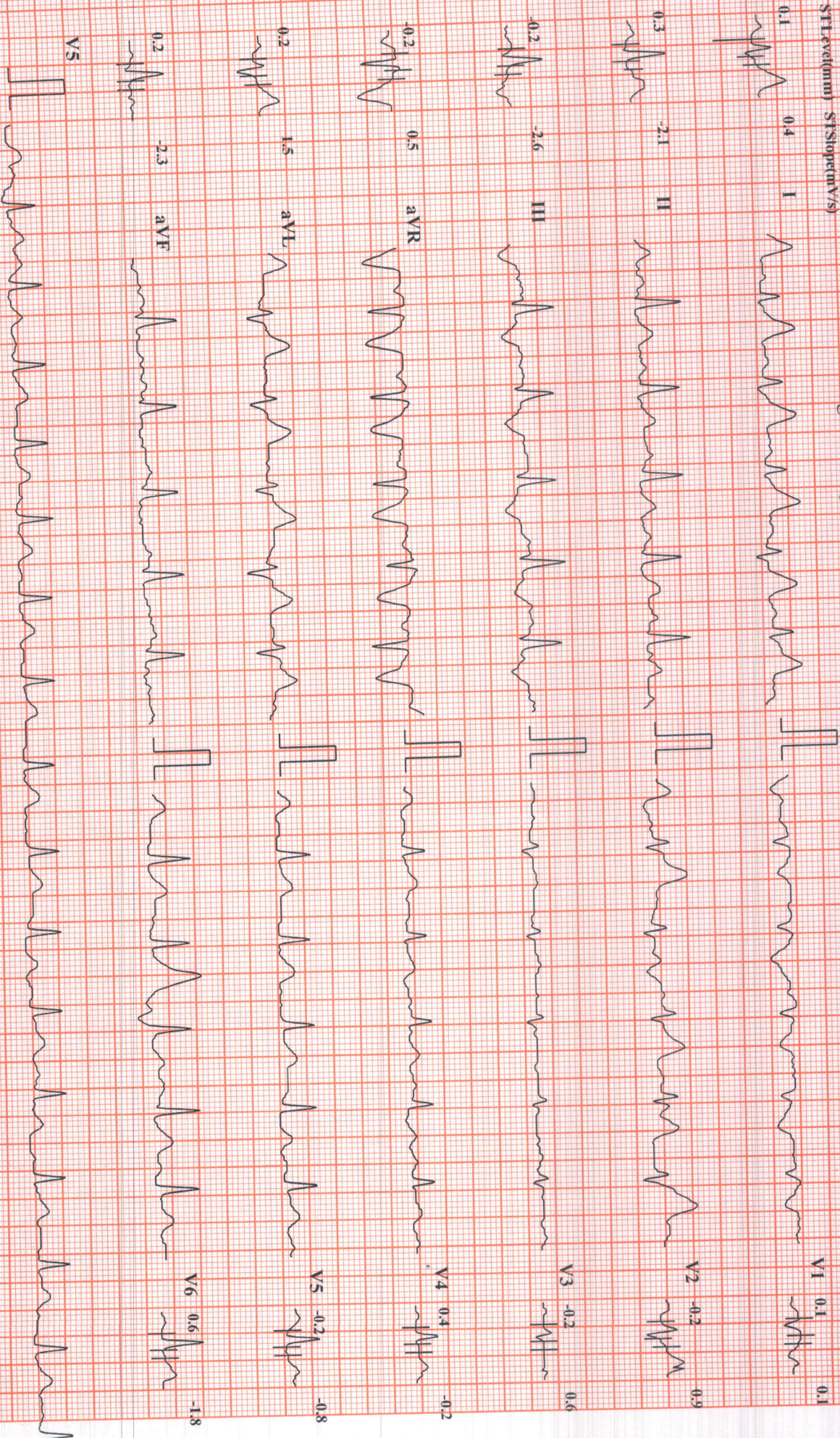


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 99 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage Time: 00:11
THR: 164 bpm

Date: 24-12-2022

Speed: 0

Slope: 0%

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

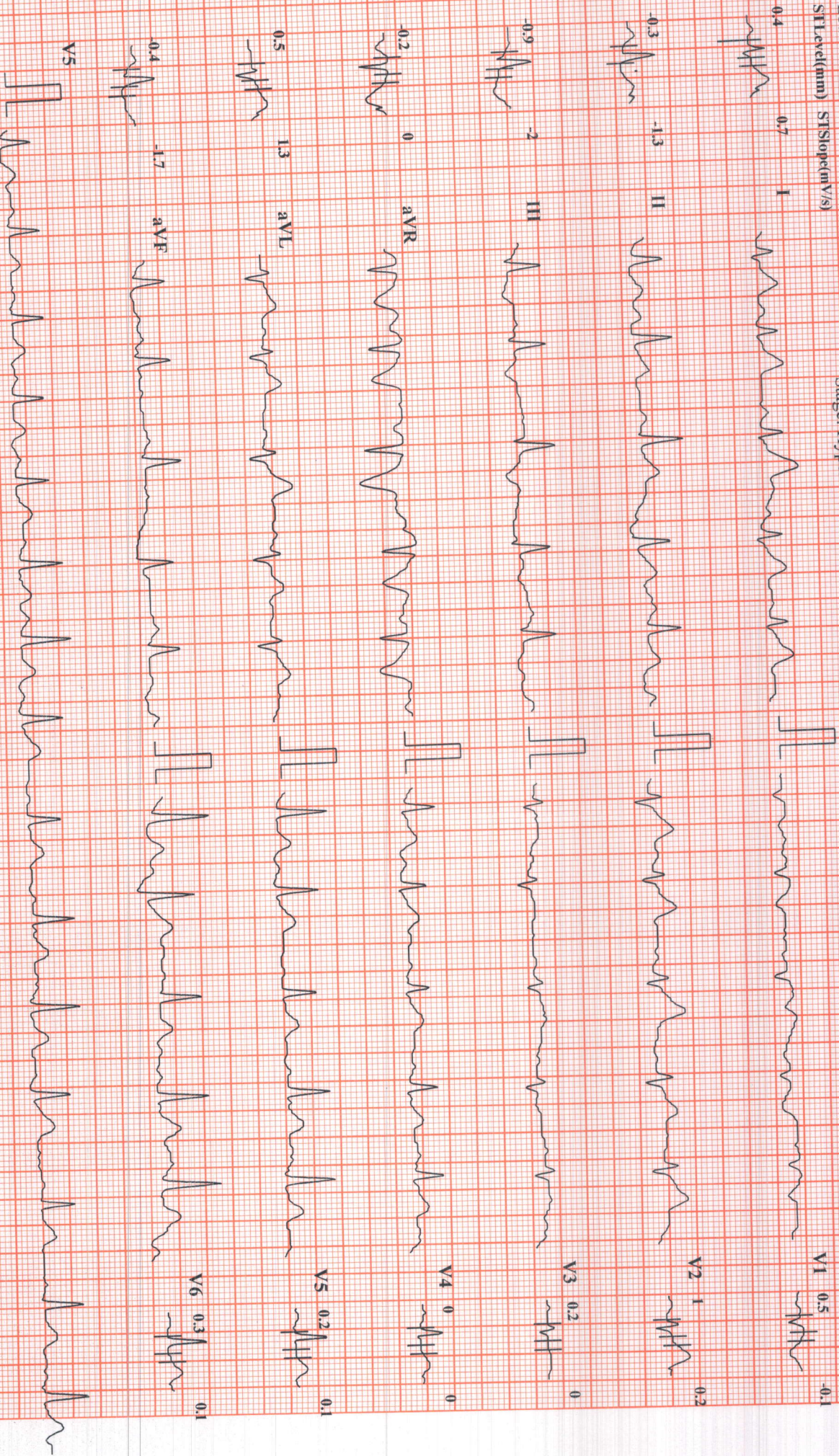


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235829160
Stage: 1

Date: 24-12-2022
Speed: 2.7 kmph

Exec Time: 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 164 bpm

HR: 148 bpm

BP: 120/70 mmHg
STLevel(mm) STSlope(mV/s)

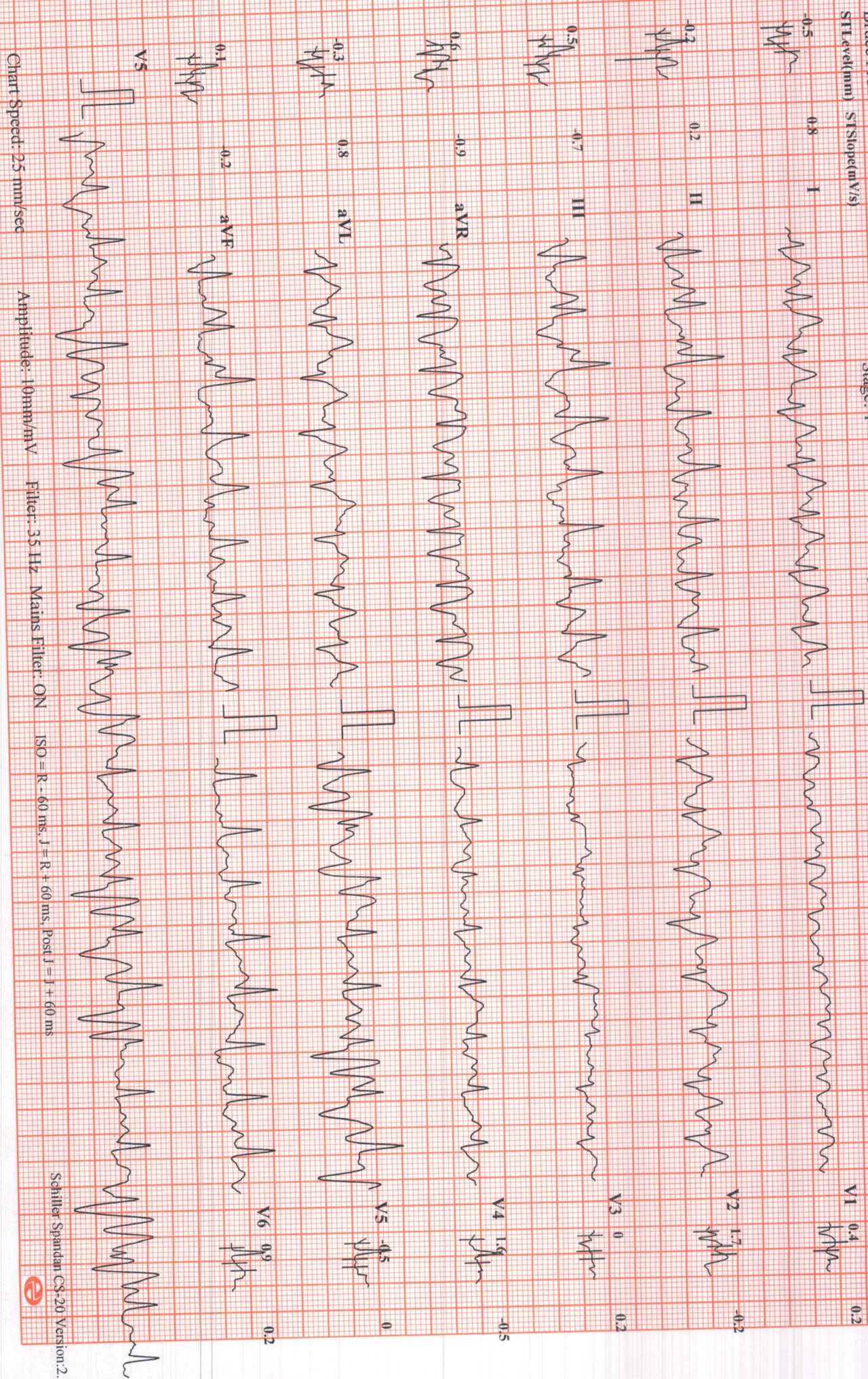


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235820160

Stage: 2 Peak Exercise

Date: 24-12-2022

Speed: 4 kmph

Exec Time : 0:04:56

Slope: 12 %

Stage Time: 01:56

THR: 164 bpm

HR: 170 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Brice Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235820160

Stage: Recovery1

Date: 24-12-2022

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 164 bpm

HR: 115 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

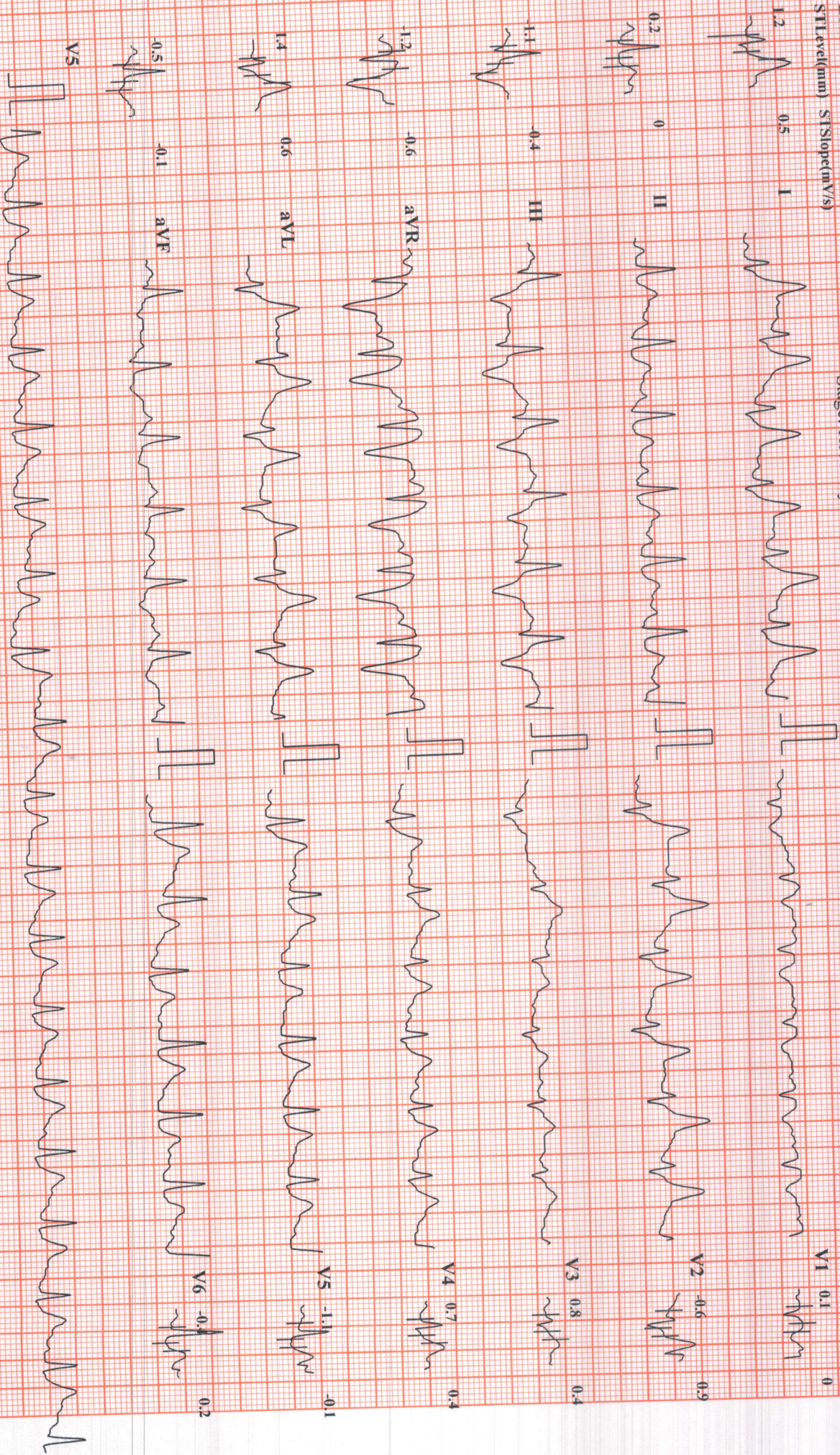


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Bruce Protocol
ST1: 0.5 (mm) ST2: 0.2 (mV/s)

ID: 2235820160
Stage: Recovery2

Date: 24-12-2022
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 164 bpm

HR: 99 bpm

BP: 130/70 mmHg
ST1: 0.5 (mm) ST2: 0.2 (mV/s)

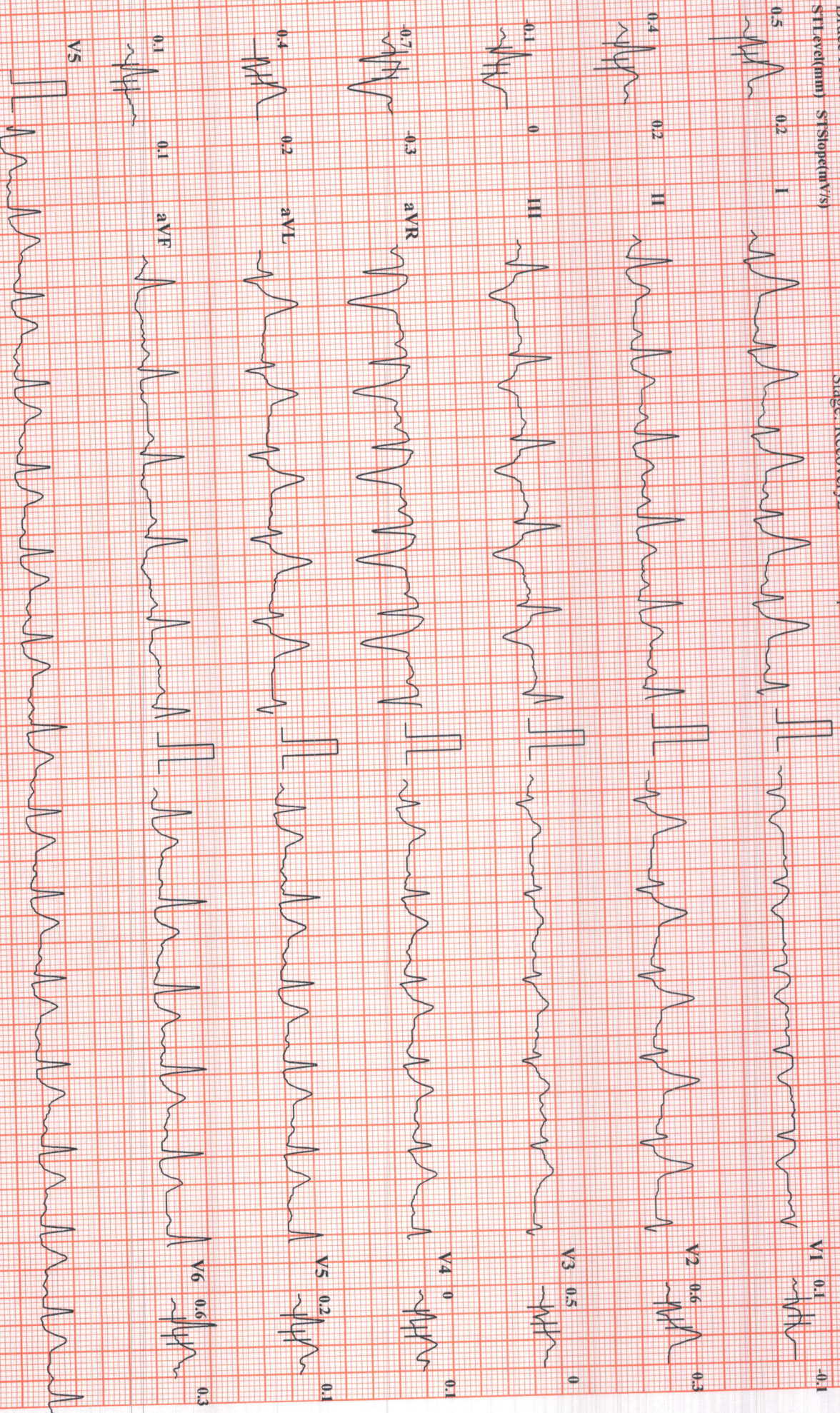


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 95 bpm
BP: 110/70 mmHg

GARVITA GUPTA

Brace Protocol
STLevel(mm) STSlope(mV/s)

ID: 2235820160
Stage: Recovery³

Date: 24-12-2022
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 164 bpm

STLevel(mm) STSlope(mV/s)

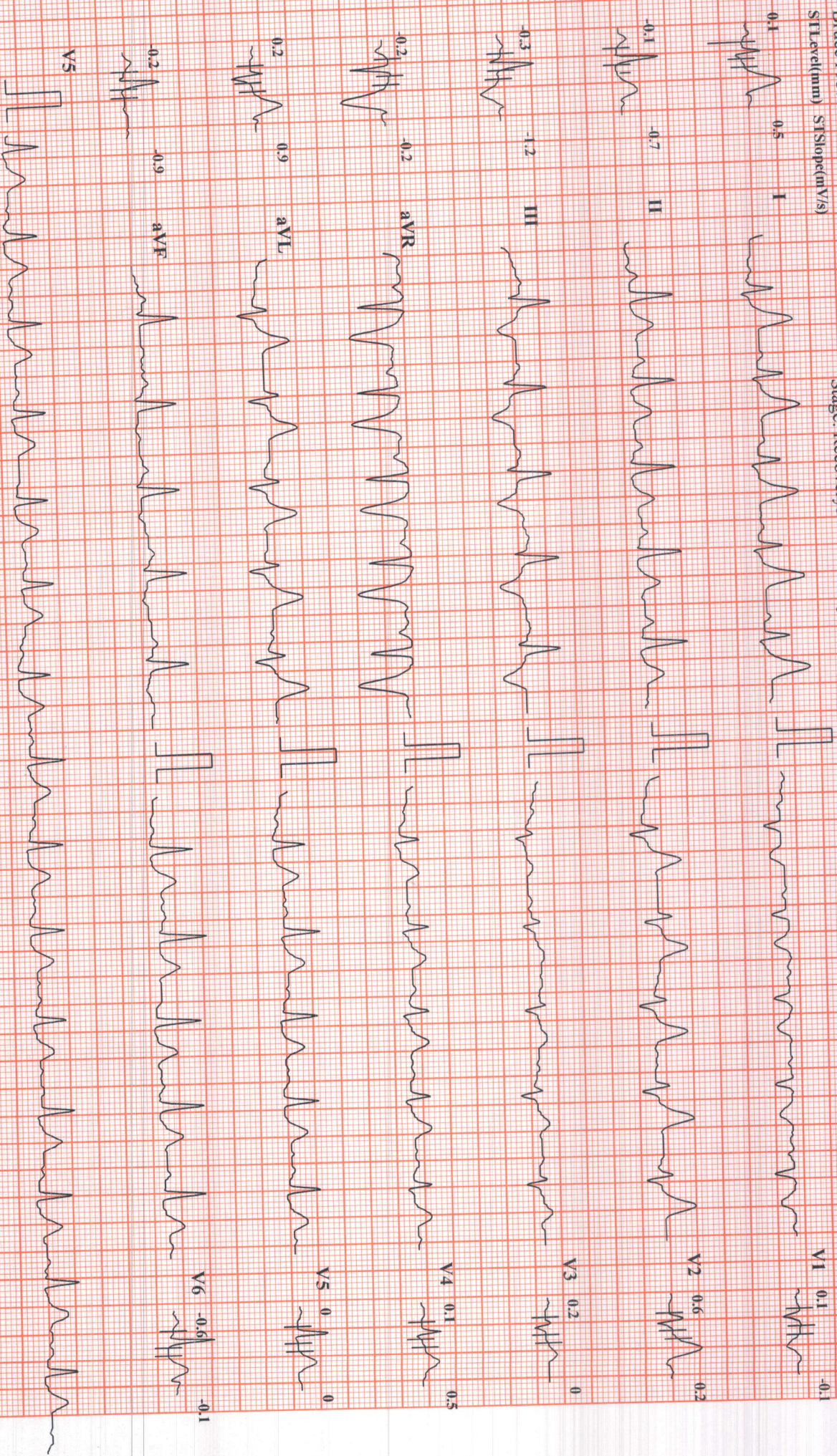


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

GARVITA GUPTA

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2235820160
Stage: Recovery4

Date: 24-12-2022
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 164 bpm

HR: 91 bpm

BP: 100/70 mmHg
STLevel(mm) STSlope(mV/s)

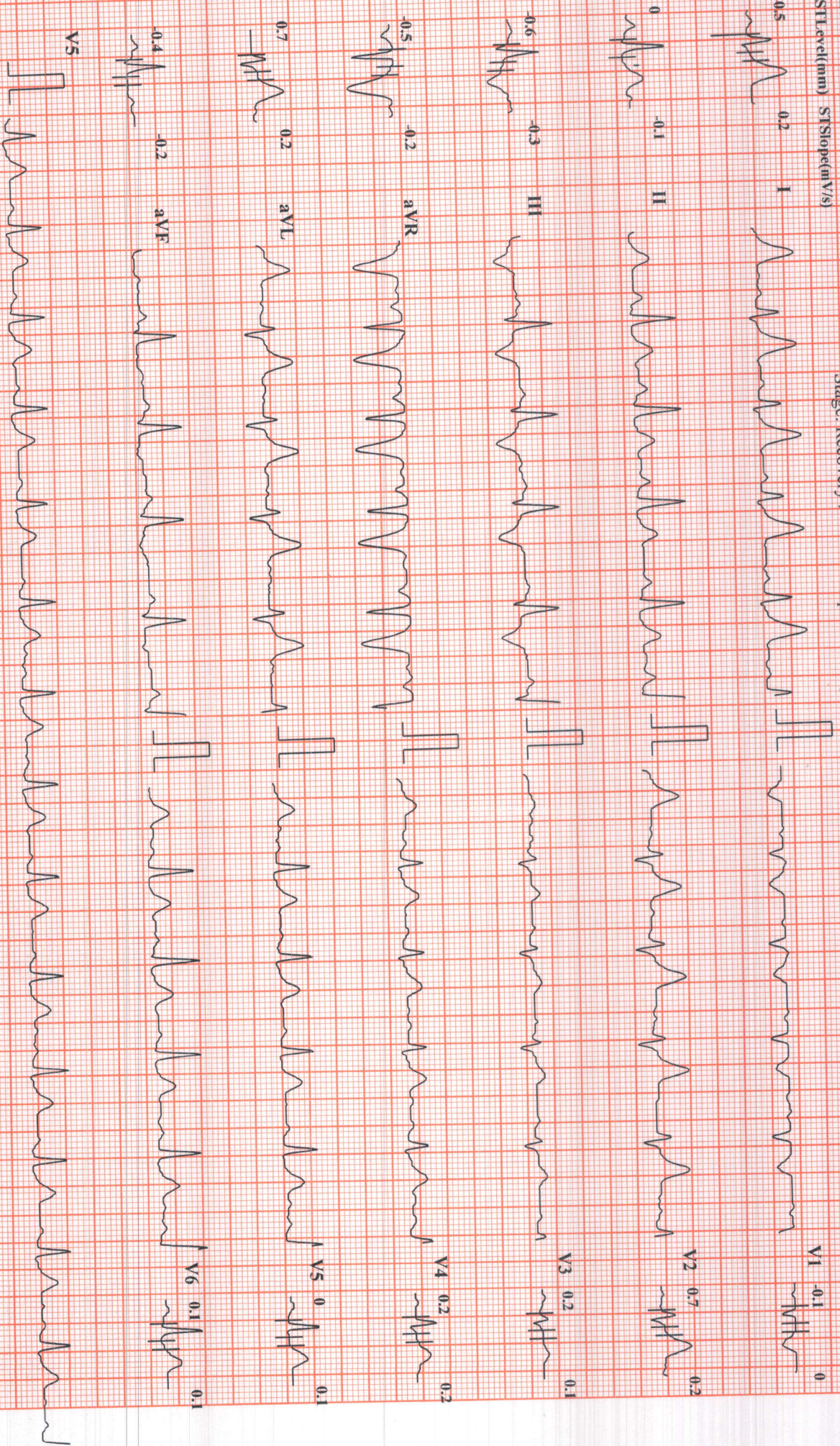


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

