

Reg. Location	: Bhayander East (Main Centre)
Consulting Dr.	: -
Age / Gender	: 32 Years / Female
Name	: MRS.SONIYA PRASAD
CID	: 2333100327

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Use a QR Code Scanner Application To Scan the Code • 27-Nov-2023 /

Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.02	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	29.9	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7010	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	20.7	20-40 %	
Absolute Lymphocytes	1451.1	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	630.9	200-1000 /cmm	Calculated
Neutrophils	67.6	40-80 %	
Absolute Neutrophils	4738.8	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	189.3	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	416000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customorservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): UBS110MH2002PTC136144



Normoblasts

I A G N O S T I				E	
CID Name	: 2333100327 : MRS.SONIYA PRASAD		Use a QR Code Scanner		
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Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)	Collected Reported	: 27-Nov-2023 / 08:35 : 27-Nov-2023 / 13:18		
Macrocytosis	-				
Anisocytosis	-				
Poikilocytosis	-				
Polychromasia	-				
Target Cells	-				
Basophilic Stipp	oling -				

Others Normocytic, Normochromic WBC MORPHOLOGY PLATELET MORPHOLOGY COMMENT Specimen: EDTA Whole Blood ESR, EDTA WB-ESR 43 2-20 mm at 1 hr. Sedimentation *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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Authenticity Check

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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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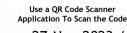
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:27-Nov-2023 / 08:35 :27-Nov-2023 / 13:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric		
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo		
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated		
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret		
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG		
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	1.3	1 - 2	Calculated		
SGOT (AST), Serum	19.7	5-32 U/L	NADH (w/o P-5-P)		
SGPT (ALT), Serum	15.4	5-33 U/L	NADH (w/o P-5-P)		
GAMMA GT, Serum	12.0	3-40 U/L	Enzymatic		
ALKALINE PHOSPHATASE, Serum	87.3	35-105 U/L	Colorimetric		
BLOOD UREA, Serum	19.8	12.8-42.8 mg/dl	Kinetic		
BUN, Serum	9.2	6-20 mg/dl	Calculated		
CREATININE, Serum	0.45	0.51-0.95 mg/dl	Enzymatic		

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CID Name	: 23331003 : MRS.SONI				O R
Age / Gender Consulting Dr. Reg. Location	: 32 Years / : - : Bhayande	' Female r East (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code :27-Nov-2023 / 12:15 :27-Nov-2023 / 18:31	т
eGFR, Serum		131	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decre 59 Moderate to severe dec -44 Severe decrease: 15-29 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estin	mation is calcul	ated using 2021 CKD-EPI GFR	equation w.e.f 16-08-2023		
URIC ACID, Se	erum	4.0	2.4-5.7 mg/dl	Enzymatic	
Urine Sugar (Fa Urine Ketones (-	Absent Absent	Absent Absent		
Urine Sugar (Pf Urine Ketones ((PP)	Absent Absent	Absent Absent		
*Sample process	ed at SUBURBAN		.TD Borivali Lab, Borivali West d Of Report ***		



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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** RESULTS METHOD

Glycosylated Hemoglobin 5.4 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 108.3 mg/dl (eAG), EDTA WB - CC

Calculated

HPLC

Intended use:

PARAMETER

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	<u>I</u>		
Leukocytes(Pus cells)/hpf	100-110	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	_		

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 inert

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



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Collected Reported :27-Nov-2023 / 08:35 :27-Nov-2023 / 14:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

<u>RESULTS</u>

ABO GROUP B Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	184.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	134.0	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	39.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	144.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	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	26.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



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:2333100327



First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

:27-Nov-2023 / 08:35 :27-Nov-2023 / 13:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** RESULTS PARAMETER **BIOLOGICAL REF RANGE METHOD** Free T3, Serum 4.4 3.5-6.5 pmol/L **ECLIA** Free T4, Serum ECLIA 16.5 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 2.95 0.35-5.5 microIU/ml **ECLIA**

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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 trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: SONIYA PRASAD Patient ID: 2333100327 Date and Time: 27th Nov 23 8:58 AM

32 NA Age NA years months days Gender Female Heart Rate 61bpm V1 aVR V4 Patient Vitals BP: NA Weight: NA Height: NA Pulse: NA Spo2: NA П aVL V2V5 Resp: NA Others: Measurements III V3 aVF V6 QRSD: 82ms QT: 400ms QTcB: 402ms PR: 138ms P-R-T: 31° 37° 20° П tricog 25.0 mm/s 10.0 mm/mV

Sinus Rhythm, Normal axis T wave inversion in V1-V4. Please correlate clinically.

REPORTED BY



Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.



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No Complaint

EXAMINATION FI Height (cms): Temp (0c): Blood Pressure (Pulse:		148 Afebrile 110/80 76/min	Weight (kg): Skin: Nails: Lymph Node:	68 NAD NAD Not Palpable
Systems Cardiovascular: Respiratory: Genitourinary: Gi System: CNS:	S1S2-Normal Chest-Clear NAD NAD NAD	Bio chenin	tay, (>L	M WNL

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:	No	
1) Hypertension:	No	
2) IHD	No	
3) Arrhythmia	No	
 Diabetes Mellitus 	No	
5) Tuberculosis	No	
6) Asthama	No	
7) Pulmonary Disease	No	
8) Thyroid/ Endocrine disorders	No	
9) Nervous disorders	No	
10) GI system	No	
 Genital urinary disorder Rheumatic joint diseases or symp 	ptoms No	
12) Rheumatic John disease 13) Blood disease or disorder	No	
13) Blood disease of union 14) Cancer/lump growth/cyst	No	
15) Congenital disease	No	
16) Surgeries	No	
17) Musculoskeletal System	No	
	Stor.	

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Reg Date

Age/Gender

Regn Centre

: 27-Nov-2023 08:28
1 32 Years
Hhayander East (Main Centre)

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PERSONAL HISTORY:

Name

VID.

Ref By

100	Alcohol	No
		No
2)	Smoking	Mixed
3)	Diet	200 (St. 199
4)	Medication	No

1 Mrs - SONIYA PRASAD

Ancolemi Healthcare Limited

: 2333100327



REGD. OFFICIE debuilde 'Disglobility Weilin Pvr. Ltd., Aston, 2" Floor, Sunderver Complex, Above Mercedes Showborn, Andher West, Mumbel - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105; Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbel - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbendiagnostics.com | WEBSITE: www.suburbendiagnostics.com



2711.123 Sonija Prasad Date:-Name:-

CID: 2333100327 Sex / Age: 32/1

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EYE CHECK UP

Chief complaints:		
Systemic Diseases:	NO	
Past history:	PP	CE
Unaided Vision:	RE	
Aided Vision:	616	616
	n[].6	A16

Refraction:

	(Right E	ye)			(Left Eye	9)		
	Sph	Cyl	Axis	Vri	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DISCUSSIONS (I) PVT. LTD. Practice State (State) -loor, Kulut, to-Near Thomas . mond, Mirs Road (ham), that frame 401 105 Phone 022-61700000 Road,

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aaton, 2rd Floor, Sundervan Complex, Above Mercades Showroom, Andhen West, Mumbal - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 7, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbal - 400056 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): UES110MH2002FTC136144



भारत सरकार Government of India



सोनिया प्रसाद Soniya Prasad जन्म तारीख / DOB : 30/01/1991 स्त्री / Female



3252 7790 6517

आधार - सामान्य माणसाचा अधिकार



441 N. -८ अस्तिम पाणिकामा Unique Identification Authority of India

ज्ञत ₩ Ø प्रकाश तासयण प्रसाद €-207, स्पल£मी को-मोप-सोसागटी िमिटेड सरीना कपाउड, मोनिका लॉन Compound Near Monica Lawn Cross जवळ, कोस गार्डन, भाईदर (प), ठाणे, आयटर देस्ट, महाराष्ट्र, 401101

Address, W/O. Prakash Naravan Prasari, B-207, Ruplaxmi Chis Ltd. Narona Garden, Bhayender (W), Thane. Bhayander West, Maharashtra, 401101



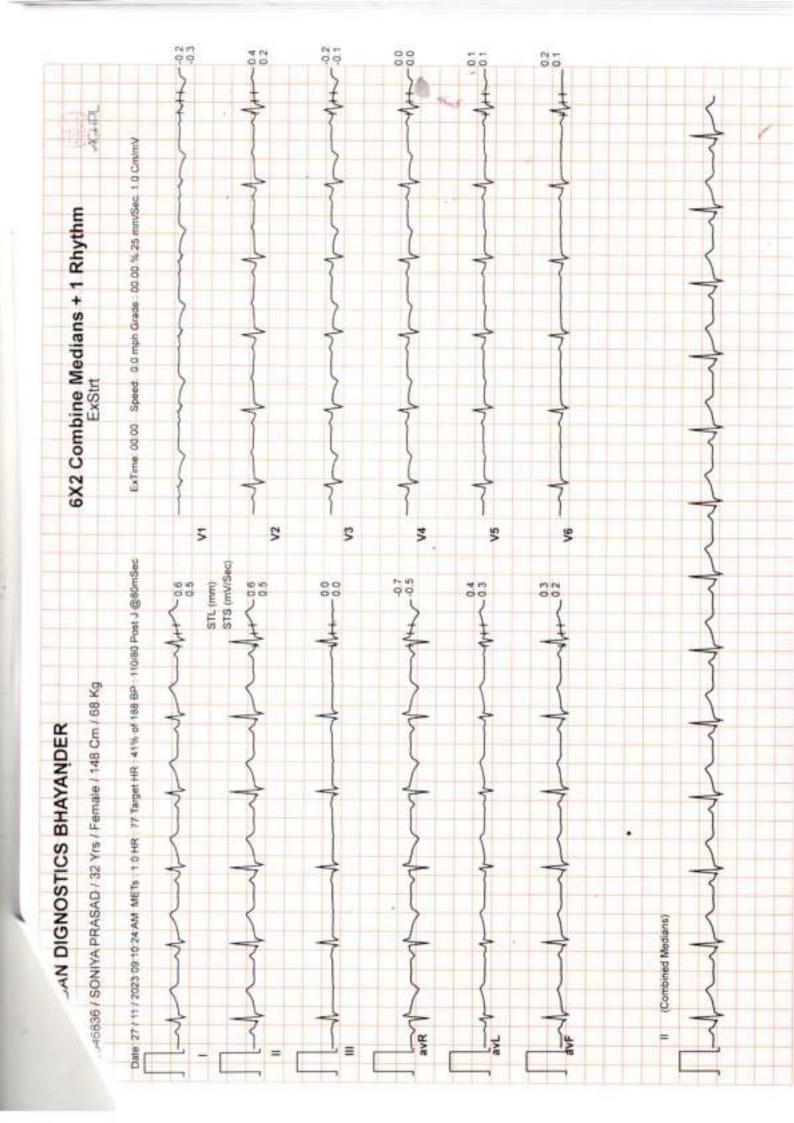
Ewail:											ACHP
12346836 (2333100327) / SONIYA PRASAD / 32 Yrs / F / 148 Cms / 68 Kg Date: 27 / 11 / 2023 09:10:24 AM	(327) / SONIYA 09:10:24 AM	A PRASAD	/ 32 Yrs / F / 14	8 Cms / 68)	6y						
Stage	Time	Duration	n Speed(mph)	Elevation	METs	Rate	% THR	dB	RPP	PVC	Comments
Supine	90:00	0.06			01.0	060	48 %	110/80	660	00	
Standing	00.11	0:05	0.00	0.00	01.0	077	41 %	110/80	084	8	
2 A	00:17	0:06	0.00	0.00	01.0	077	41 %	110/80	084	. 00	
ExStart	00.21	0:04	0.00	0.00	01.0	220	41 %	110/80	084	00	
BRUCE Stage 1	03:21	3:00	01.7	10.0	04.7	121	64 %	120/80	145	8	
BRUCE Stage 2	06.21	3:00	02.5	12.0	07.1	134	71 %	130/80	174	8	
PeakEx	08:21	2:00	03.4	14.0	09.2	160	85 %	140/80	224	8	
Recovery	09:21	1:00	01.1	0.00	01.2	139	74 %	160/80	222	00	
Recovery	10:21	2:00	0.00	0.00	01.0	860	52 %	150/80	147	00	
Recovery	12,21	4:00	0.00	0.00	01.0	093	49 %	130/80	120	00	
Recovery	12:31	4.10	0.00	0.00	01.0	094	80 %	120/80	112	00	
FINDINGS :						38					1 ×
Exercise Time	e	6	08:00								
Initial HR (ExStrt)	(Strt)	1 - 1	77 bpm 41% of Target 188	rget 188		Max HR Att	ained 160 bp	Max HR Attained 160 bpm 85% of Target 188	get 188		
Initial BP (ExStrt)	Strt)	+	110/80 (mm/Hg)			Max BP Att	Max BP Attained 160/80 (mm/Hg)	(mm/Hg)			
Max WorkLoad Attained	ad Attained	6	9.2 Good response to induced	e to induced	stress						
Max ST Dep	Max ST Dep Lead & Avg ST Value		V1 & -0.6 mm in Recovery	Recovery							
Duke Treadmill Score	nill Score	0	0.00								
Test End Reasons	sons		Test Complete					SUBURBAN	A DIAGNOS	SUBURBAN DIACNES FICS (I) PVT. LTD	0.
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								Mira Road (E4:0, 21, 0	Mira Read (East), 25.0 12.401 105 Road, Phone 0.12 - 01700000	
						IND INT VIALAN				-	
				MERC		D. CARDIOLOGY	GY	č	ANJUM	MURAN ANI ANI	~
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DIGNOSTICS BHAYANDER	DER.	REPORT	ACLIPI,	
1836 / SONIYA PRASAD / 32 Yrs / F / 148 Cr				
teport :				
REASON FOR TERMINATION	: TARGET HR ACHIEVED			
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE		-	
EXERCISE INDUCED ARRYTHMIAS	NO ANGINA AND ANGINA EQUIVALENT			
	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY	D RECOVERY		
HAEMODYNAMIC RESPONSE	GOOD INOTROPIC RESPONSE			
CHRONOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE -			-
FINAL IMPRESSION	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD	HIS WORKLOAD		जगा
		DR. SHITA VALANI MESS, D. CARDIOLOGY 2611/03/0567	5	
	101	Calewi		
	Whitz Road (fight), 15ch, Thair - 401 105, Phone - 012 - 61 700000	Doctor PDR SMITA VALANI	*	

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(00:01) ACHPI. E.T.me 00:00 0.0 mph. 0.0% 25 mmSec. 1.0 Cm/MV							
SUPINE (00:01 E-Time 00 25 mm5m.	5 5	1-1- s	1	3	5Å	3	
elf % Hz	20 20 20 20 20 20 20 20 20 20 20 20 20 2	10 IN	-1 01	2000 2000 2000	953 7	1032 WH	
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. DIGNOSTICS BHAYANDER DIGNOSTICS BHAYANDER (2023 102027) / SOMYA PRASAD / 22 Yis / F /// 2023 031024 AM METS 18/ 90 tipim 49% of THR	an 0.1	= 98 90	100	60 W		85 I 15 I	V2 V4 V6
, DIGNOS , 0,000277/5 , 0,000277/5			5			5. 1 Ma	I avit avit

Order 27./11 / 2023 09:10 / 24 AM METS: 1 0/ 94 to 4X 90 ms Powlu	METS, 10/ 94 tam 50% of THR. EP. 110/80 mmHg. Rew ECG/ BLC On/ Notch On/HF 0.05 Hz/LF 35	WHE DISHALE 35 Hz	<u></u>	ExTree 00.00.0.0.rgh. 0.0%. 25 mmSec 1.0.Centry
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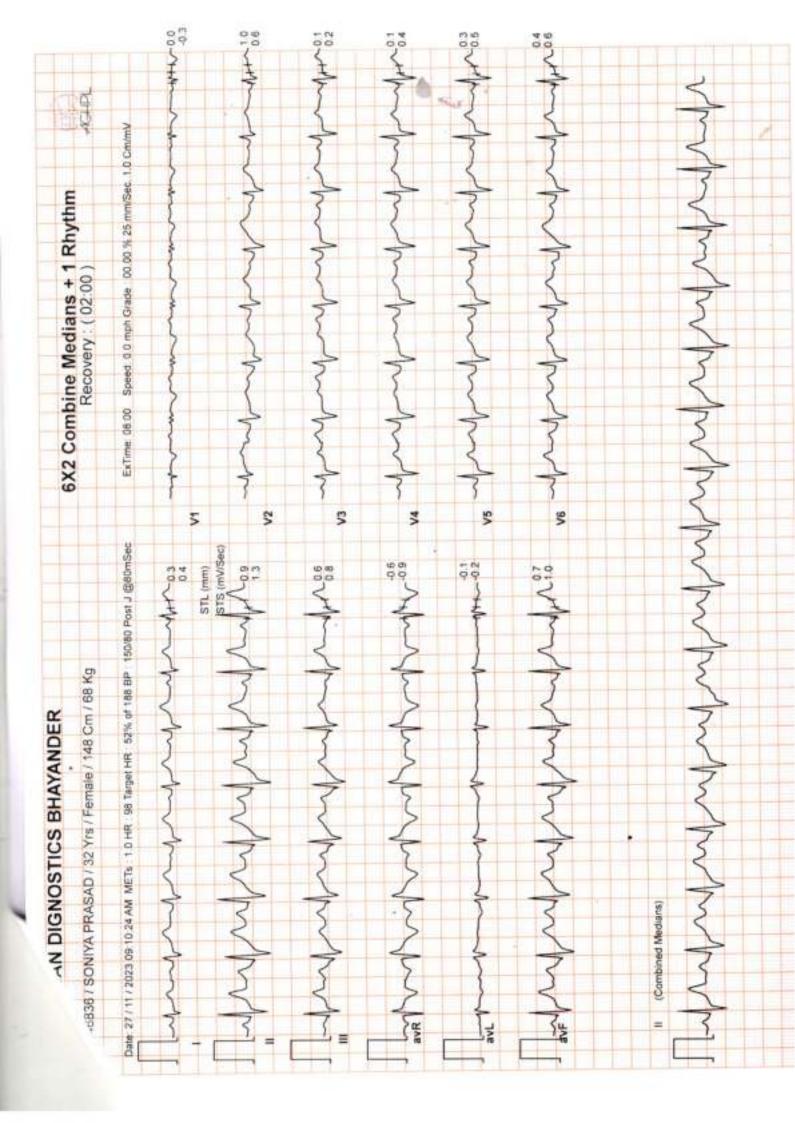


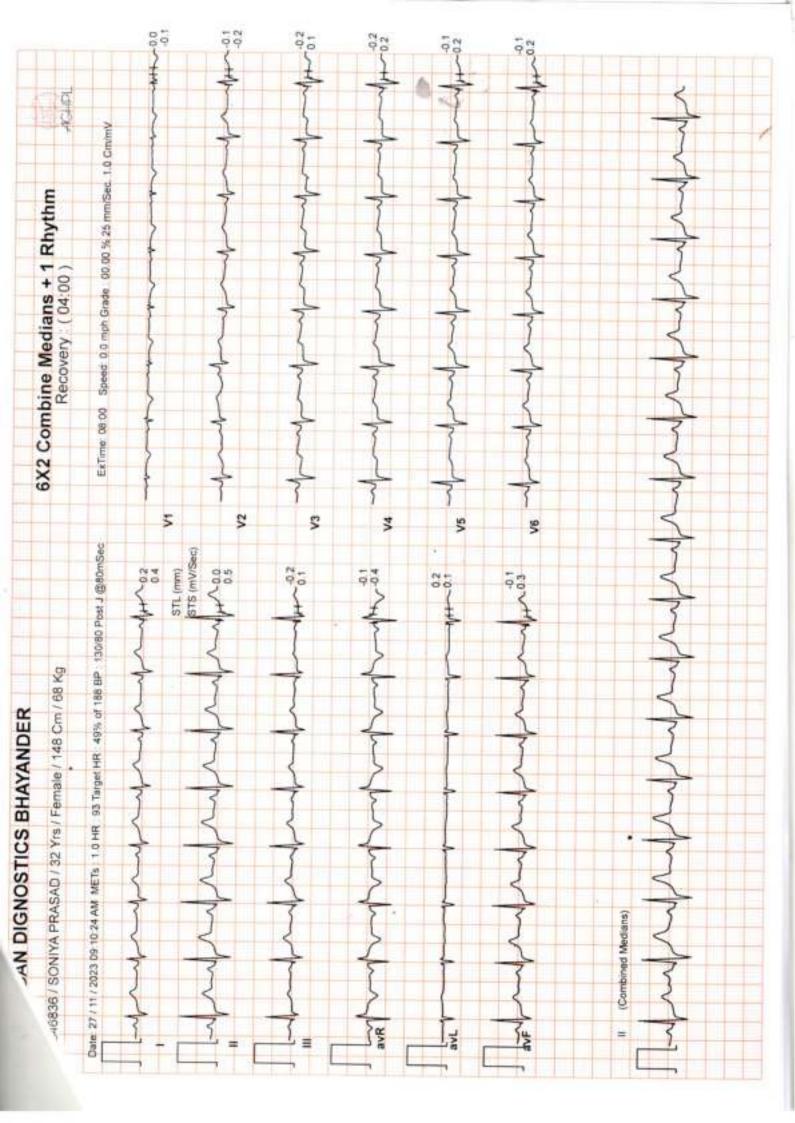
AN DIGNOSTICS BHAYANDER	
ue36 / SONIYA PRASAD / 32 Yrs / Female / 148 Cm / 68 Kg	BRUCE : Stage 1 (03:00)
Date: 27 / 11 / 2023 09:10:24 AM METs: 4.7 HR: 121 Target HR: 64% of 188 BP: 120/80 Post J @80mSec	ExTime: 03:00 Speed: 1.7 mph Grade: 10:00 % 25 mm/Sec. 1.0 Cm/mV
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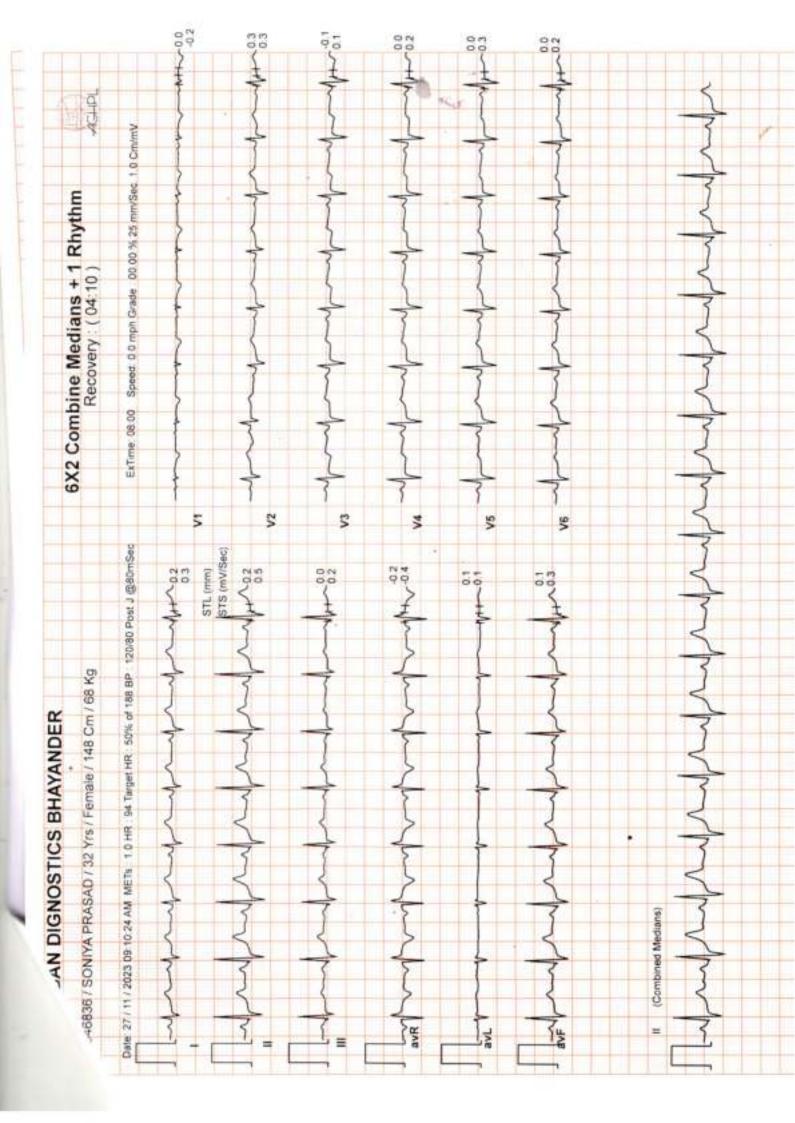
AN DIGNOSTICS BHAYANDER	
-436 / SONIYA PRASAD / 32 Yrs / Female / 148 Cm / 68 Kg	6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 (03:00) ACHPL
Date: 27 / 11 / 2023 09:10:24 AM METs 71 HR 134 Target HR 71% of 186 BP 130/60 Post J @60mSec	
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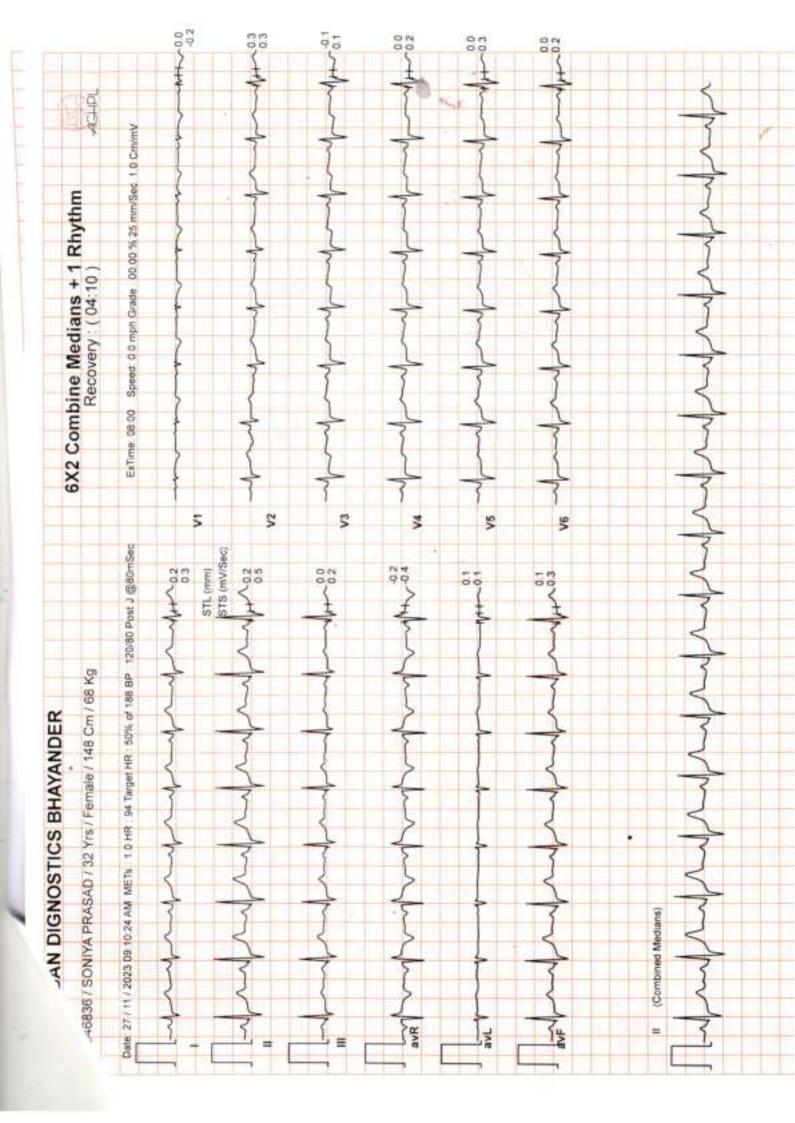
AN DIGNOSTICS BHAYANDER	8X2 Combine Mediane + 1 Phythm
-o836 / SONIYA PRASAD / 32 Yrs / Female / 148 Cm / 68 Kg	PeakEx Action Action
Date 27/11/2023 09-10/24 AM METs: 9.2 HR : 150 Target HR : 85% of 188 BP : 140/80 Post J @50mSec	ExTame 08:00 Speed 3.4 mph Grade 14.00 % 25 mm/Sec 1.0 Cm/mV
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AN DIGNOSTICS BHAYANDER	
.d6367 SONIYA PRASAD / 32 Yrs / Female 7 148 Cm / 68 Kg	6X2 Combine Medians + 1 Rhythm Recovery : (01:00)
Date: 27 / 11 / 2023 09-10 24 AM METs 1 1 HR 139 Target HR 24% of 188 BP 16080 Post J @60mSec	ExTrine: 08:00 Speed: 1.1 mph Grade: 00:00 % 25 mm/Sec. 1.0 Cm/m/V
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CID: 2333100327Name: Mrs SONIYA PRASADAge / Sex: 32 Years/FemaleRef. Dr:Reg. Location: Bhayander East Main Centre

Use a QR Code Scanner
Application To Scan the CodeReg. Date: 27-Nov-2023Reported: 27-Nov-2023/12:53

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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

