

Name : Mrs . SHWETA VIRENDRA SINGH
VID : 2310105091
Ref By : Arcofemi Healthcare Limited

Reg Date : 11-Apr-2023 09:25
Age/Gender : 33 Years
Regn Centre : Khar West (Main Centre)

History and Complaints:Nil

EXAMINATION FINDINGS:

Height (cms): 153 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/70 mmHg
Pulse: 80/Min

Weight (kg): 56 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2 Audible, No Murmurs
Respiratory: AEBE Clear, No Added Sound
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: HDL CHOL - 52.3 , NON HDL CHOL - 142.6 , LDL CHOL - 121.0 ,USG ABD - ?SMALL LT OVARIAN HEMORRHAGIC CYST , STOOL NOT GIVEN FOR EXAMINATION , ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD No
- 3) Arrhythmia No
- 4) Diabetes Mellitus No
- 5) Tuberculosis Pulmonary Koch's During Childhood Took AKT
- 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

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16) Surgeries : 1LSCS In 2018
17) Musculoskeletal System : No

PERSONAL HISTORY:

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



Dr.Rafat Parkar
MBBS
CONSULTANT
PHYSICIAN

CID : 2310105091
Name : Mrs SHWETA VIRENDRA SINGH
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 11-Apr-2023
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USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 12.5 cm). Liver shows normal echotexture
There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at
present scan.

GALL BLADDER: Gall bladder is distended. **Minimal sludge is noted within gallbladder lumen.**
Wall thickness is within normal limits.

PORTAL VEIN: Portal vein is normal . **CBD:**CBD appears normal.

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is
obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is
maintained. No obvious mass lesion is noted at present scan.

Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).

Right kidney measures 10.5 x 3.9 cm.

Left kidney measures 9.9 x 4.8 cm.

SPLEEN: Spleen is normal in size (measures 8.1 cm) and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 6.3 x 5.2 x 3.7 cm.
Uterine myometrium shows homogenous echotexture.

Endometrial echo is in midline and is **mildly thickened** and endometrium thickness is
12 mm.(LMP - 18-03-2023).

OVARIES :Both ovaries are visualized.

Right ovary shows multiple small follicles predominantly arranged in the periphery.

The right ovary measures 3.9 x 3.0 x 1.8 cm and ovarian volume is 11.1 cc.

The left ovary measures 4.1 x 3.2 x 2.2 cm and ovarian volume is 15.2 cc.

**Approx. 19 x 13 mm small hypoechoic cyst with subtle internal echoes and thin internal septae within
is noted in left ovary suggestive of possibility of ?small left ovarian hemorrhagic cyst.**

Click here to view images <<ImageLink>>

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Minimal free fluid is noted in pouch of douglas.

No significant abdominal lymphadenopathy is noted at present scan.

IMPRESSION:

- Minimal sludge is noted within gallbladder lumen.
- Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).
- Mildly thickened endometrium(mostly premenstrual),
- Both ovaries appears mildly bulky.
- Right ovary shows multiple small follicles predominantly arranged in the periphery.
- Approx. 19 x 13 mm small hypoechoic cyst with subtle internal echoes and thin internal septae within is noted in left ovary suggestive of possibility of ?small left ovarian hemorrhagic cyst.
- Minimal free fluid is noted in pouch of douglas.

Suggest clinico-hormonal correlation.

Suggest clinicopathological 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. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

Vishal K

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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Page no 2 of 2

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.

SUGGEST CLINICAL CORRELATION.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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Page no 1 of 1

SUBURBAN DIAGNOSTICS - KHAR WEST
Patient Name: SHWETA VIRENDRA SINGH Date and Time: 11th Apr 23 10:27 AM
Patient ID: 2310105091



Age 33 8 30
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 56 kg
Height: 153 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 368ms
QTcB: 427ms
PR: 142ms
P-R-T: 34° 60° 56°

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

REPORTED BY

[Signature]

Dr. Girish Agarwal
MD Medicine
200202478

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.




आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SHWETA VIRENDRA SINGH
VIRENDRA SINGH

12/07/1989
Permanent Account Number
DOWPS4333K

Shweta
Signature



Shweta
Parkar

Dr. Rafat M Parkar
M.B.B.S.
Rega. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.
8th Floor, Gupta House,
61, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484805 / 26484807



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Reg. Location : Khar West (Main Centre)

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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	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.69	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.9	36-46 %	Calculated
MCV	80.7	81-101 fl	Measured
MCH	26.8	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7550	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.9	20-40 %	
Absolute Lymphocytes	2630	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	680	200-1000 /cmm	Calculated
Neutrophils	54.1	40-80 %	
Absolute Neutrophils	4060	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	140	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	226000	150000-410000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Measured
PDW	20.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-20 mm at 1 hr. Sedimentation

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



Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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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	88.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	40.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	26.9	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	91.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	11.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.49	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	155	>60 ml/min/1.73sqm	Calculated

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



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URIC ACID, Serum	4.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	1-2	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	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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 SDRL, Vidyavihar Lab



Shweta Shroff

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	194.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.0	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	52.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	142.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	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	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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Reported : 11-Apr-2023 / 12:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.698	0.55-4.78 microIU/ml	CLIA

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 ***

SUBURBAN DIAGNOSTICS KHAR-W

Name: MS SHWETA V SINGH

Date: 11-04-2023 Time: 11:38

Age: 33 Gender: F Height: 153 cms Weight: 56 Kg ID: 2310105091

Clinical History: NIL

Medications: NONE

Test Details:

Protocol: Bruce Predicted Max HR: 187 Target HR: 158

Exercise Time: 0:06:07 Achieved Max HR: 165 (88% of Predicted MHR)

Max BP: 140/70 Max BP x HR: 23100 Max Mets: 7

Test Termination Criteria: THR ATTAINED

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	00:11	1	0	0	82	110/70	9020	2.8 III	-6.2 II
Standing	00:20	1	0	0	88	110/70	9680	0.5 V4	-0.2 II
HyperVentilation	00:09	1	0	0	89	110/70	9790	0.4 V3	0.2 I
PreTest	00:08	1	1.6	0	84	110/70	9240	0.7 V4	0.2 I
Stage: 1	03:00	4.7	2.7	10	131	120/70	15720	1.2 aVR	-0.9 aVR
Stage: 2	03:00	7	4	12	164	130/70	21320	-1.1 III	1.1 V3
Peak Exercise	00:07	6.9	5.5	14	165	140/70	23100	0.9 I	1.2 V3
Recovery1	01:00	1	0	0	114	130/70	14820	-0.6 II	1.1 V3
Recovery2	01:00	1	0	0	91	120/70	10920	-0.6 II	0.4 V3
Recovery3	01:00	1	0	0	90	110/70	9900	-0.3 II	0.2 aVL

Interpretation

POOR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION:
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DISCLAIMER:
 NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE
 POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE
 HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor: ----

Doctor: Dr. GIRISH AGRAWAL

SCHILLER

The Art of Diagnostics

Suburban Diagnostics (I) Pvt. Ltd.
 6th Floor, Gupte House,
 61, S.V. Road, Khar (W), Mumbai - 400 052.
 Tel.: 26484805 / 26484807

(Summary Report edited by User)
 Dr. Girish O. Agrawal
 Spandan CS-20 Version: 2.12.0
 MD (Med)
 Reg. No.: 2002/02/478



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 82 bpm

STLevel(mm) STISlope(mV/s)

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

BP: 110/70 mmHg

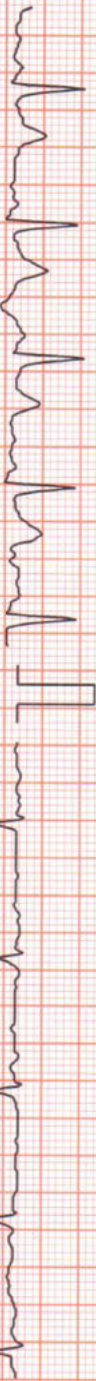
STLevel(mm) STISlope(mV/s)

-0.2 -0.4 I



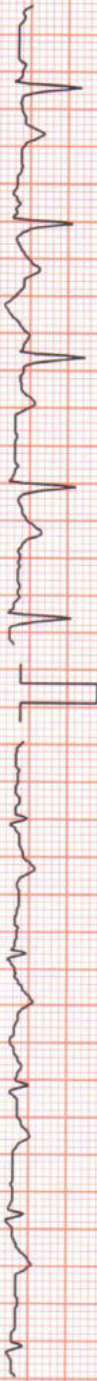
V1 -1 2.6

2.5 -6.2 II



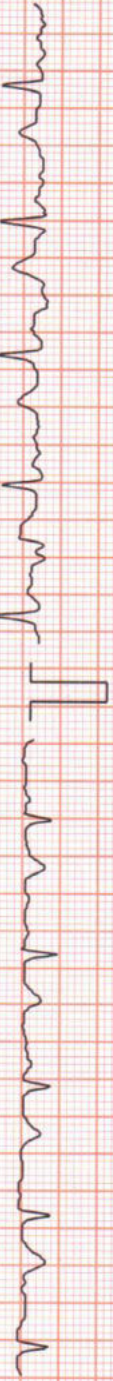
V2 0.1 0.2

2.8 -5.8 III



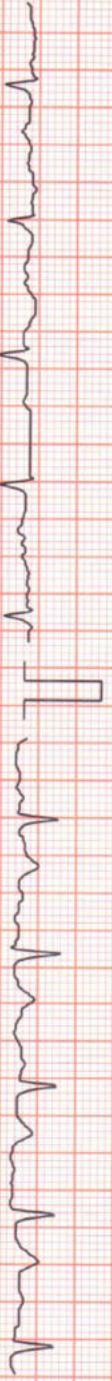
V3 -0.2 -0.1

-1 3.4 aVR



V4 1 -2.2

-1.5 2.5 aVL



V5 0.2 -2.7

2.6 -5.8 aVF



V6 1.7 -3.9



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version:2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 00:20

HR: 88 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

Bp: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

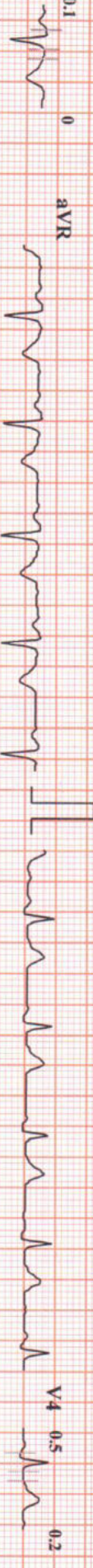
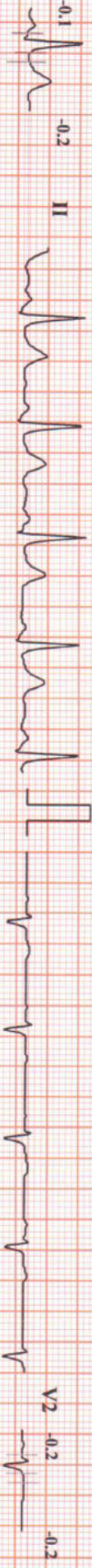


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

Schiller Spandan CS-20 Version: 2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 00:09

STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation Speed: 0 kmph

Grade: 0%

THR: 158 bpm

HR: 89 bpm

BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

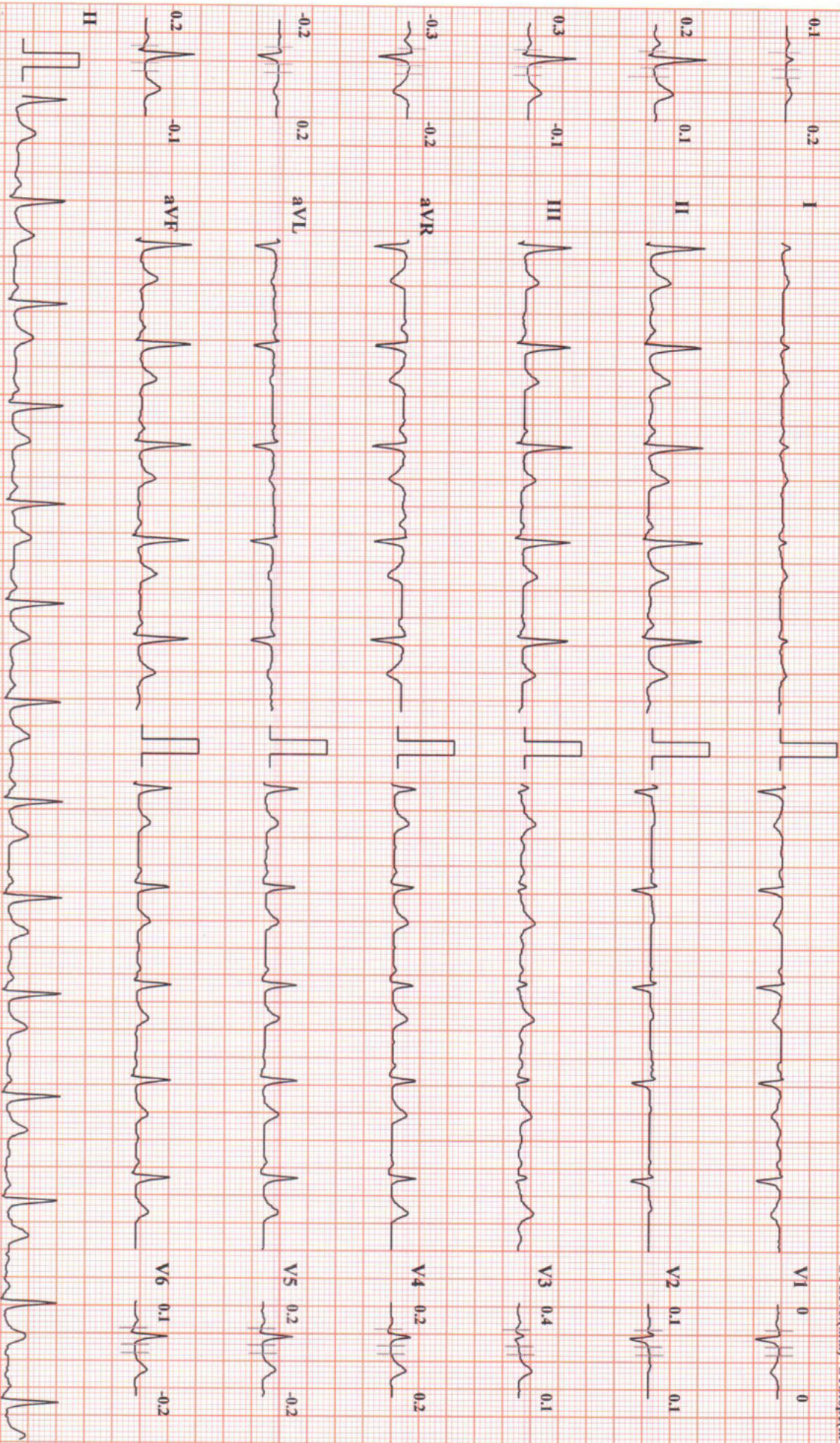


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schlüter Spandau CS-20 Version: 2.12



M S SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 00:08

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 158 bpm

HR: 84 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

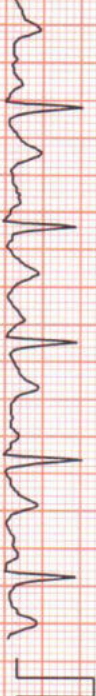
0.1 0.2 I



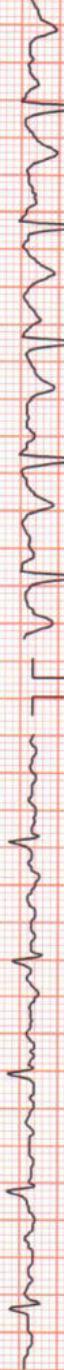
V1 0.1 0.1



0.4 0 II



V2 0.2 0



0.3 -0.2 III



V3 0.5 0.1



-0.3 -0.2 aVR



V4 0.7 0.2



-0.1 0.2 aVL



V5 0.6 0



0.3 -0.2 aVF



V6 0.3 -0.1



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

Schlter Spandan CS-20 Version: 2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:03:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 158 bpm

HR: 131 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

-0.5 0.7 I



V1 0.3 -0.2



-1.1 0.5 II



V2 0.2 0.5



-0.7 0 III



V3 0.1 0.6



1.2 -0.9 aVR



V4 0 0.4



0 0.4 aVL



V5 -0.6 0.3



-0.9 0.2 aVF



V6 -0.7 0.2



HI



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schlier Spandan CS-20 Version: 2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:05:43

Stage Time: 02:42

STLevel(mm) STISlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 158 bpm

HR: 165 bpm

BP: 130/70 mmHg

STLevel(mm) STISlope(mV/s)

0.5 0.9 I



V1 0.5 0



0 1.3 II



V2 0.1 0.2



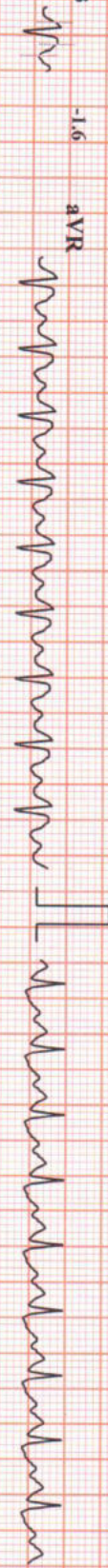
-0.5 0.4 III



V3 -0.2 0.8



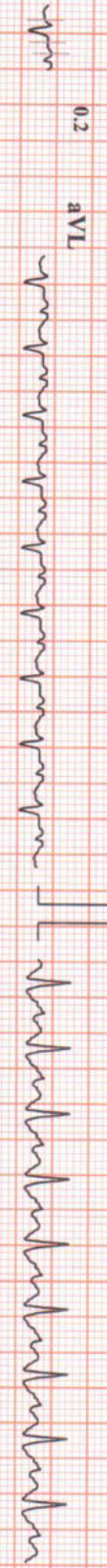
-0.3 -1.6 aVR



V4 -0.6 0.7



0.5 0.2 aVL



V5 0.1 0.8



-0.3 0.9 aVF



V6 0.3 0.8



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version: 2.12

T-inkraft Medication



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:06:07

Stage Time: 00:07

HR: 165 bpm

STLevel(mm) STSlope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 158 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

0.9 0.1

I

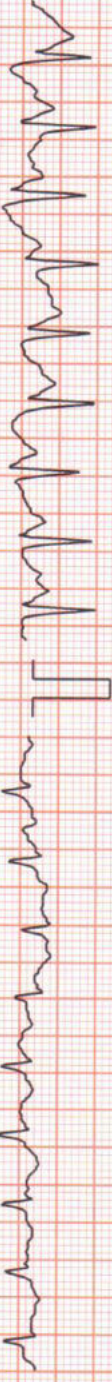


V1 0.2

0.8

0.9 0.9

II

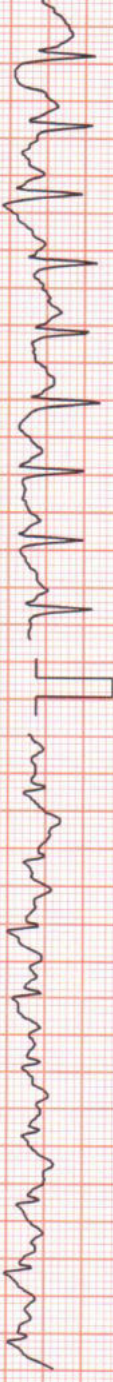


V2 0.4

0.6

0.8 0.8

III



V3 0.1

1.2

0.7 0.7

aVR



V4 0.8

1.2

0.9 0.3

aVL



V5 0.2

0.8

0.9 0.9

aVF



V6 0.1

0.6

II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schlter Spandan CS-20 Version: 2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 01:00

STLevel(mm) STISlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

HR: 114 bpm

BP: 130/70 mmHg

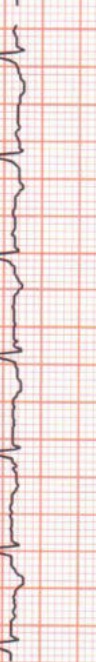
STLevel(mm) STISlope(mV/s)

-0.1 0.5 I



V1 0.4 -0.1

-0.6 0.5 II



V2 0.2 0.2

-0.6 0.2 III



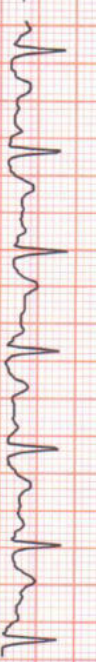
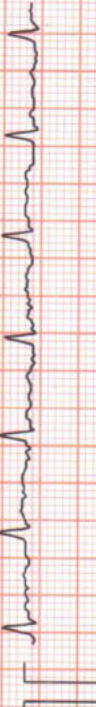
V3 0.3 1.1

0.5 -0.5 aVR



V4 0.2 1

0.4 -0.1 aVL



V5 -0.1 0.5

-0.6 0.4 aVF



V6 -0.3 0.3

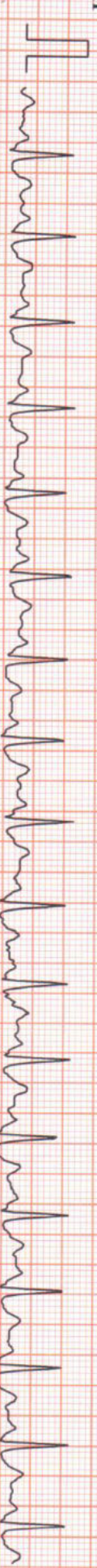


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version: 2.12



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 01:00

HR: 91 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

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

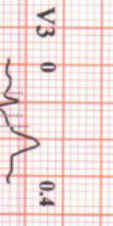
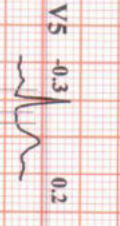
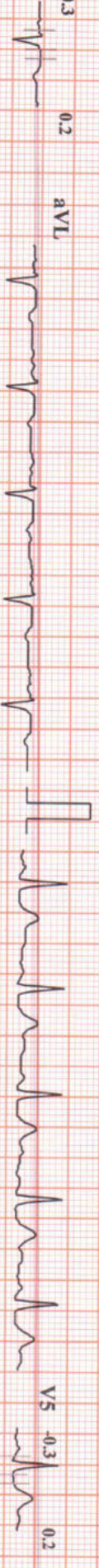
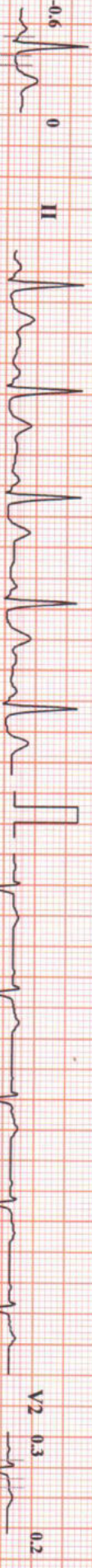


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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



MS SHWETA V SINGH

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2310105091

Date: 11-04-2023

Exec Time : 0:00:00

Stage Time: 01:00

HR: 90 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

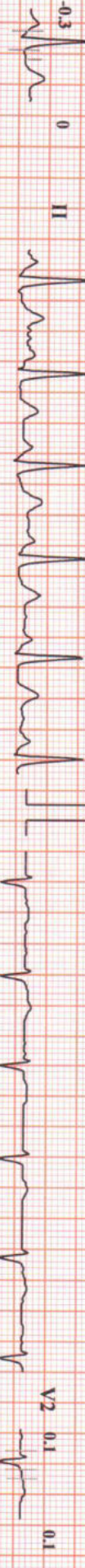
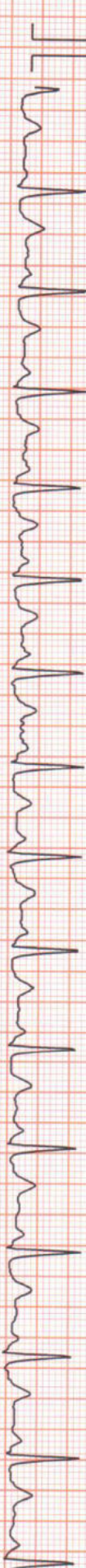


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version:2.12