MEDICAL REPORT

HEALTHSPRING
FAMILY HEALTH EXPERTS
Department of Pathology
Wellspring Healthcare Pvt. Ltd.
NABL Accredited

Certificate No. : MC-3200

Lab Address:
Udyog Bhavan, Unit No. 15, Ground Floor,
Wadala (Dadar), Mumbai - 400031.
86528 86529

Patient Name : Ms. Sampurna Bagchi	**Reg.Date / Time** : 21/01/2023 / 09:43:47
Age / Gender : 33 Y / Female	**Report Date / Time** : 21/01/2023 / 18:57:39
Referred By : Dr. Ruchita Shinde	**MR No.** : 0468700
SID No. : 41010335	Page 1 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	**11.4**	gm%	12.0-15.0
	PCV (Electrical Impedance)	**35.1**	%	40 - 50
	MCV (Calculated)	83.1	fL	83-101
	MCH (Calculated)	27.0	pg	27.0 - 32.0
	MCHC (Calculated)	32.5	g/dl	31.5-34.5
	RDW-CV (Calculated)	**17**	%	11.6-14.0
	RDW-SD (Calculated)	37	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	4.23	Million/cmm	3.8-4.8
	TOTAL WBC COUNT (Electrical Impedance)	7400	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	66.4	%	40-80
	LYMPHOCYTES (Flow cell)	24.5	%	20-40
	EOSINOPHILS (Flow cell)	2.4	%	1-6
	MONOCYTES (Flow cell)	6.5	%	2-10
	BASOPHILS (Flow cell)	**0.2**	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	4900	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1810	/cumm	1000-3000

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Referred By : Dr. Ruchita Shinde	**MR No.** : **0468700**
SID No. : **41010335**	Page 2 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	**170**	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	480	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	20	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	**129000**	/cumm	150000-410000
	MPV (Calculated)	13.3	fL	6.78-13.46
	PDW (Calculated)	**32.1**	%	11-18
	PCT (Calculated)	0.172	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Normocytic Normochromic RBCs, Few giant platelets seen		

Sample Collected at : Khar

Sample Collected on : 21 Jan 2023 10:58

Sample Received on : 21 Jan 2023 15:46

Barcode :

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

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HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP***			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	AB		
	Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE		

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HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	**49**	mm / 1 hr	0-20

Notes : The given result is measured at the end of first hour.

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	0.45	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.15	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	0.30	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	16	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	13	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	82	U/L	35-104
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	12	U/L	<40
	TOTAL PROTEIN (Colorimetric)	7.70	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.40	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	3.30	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	1.3		1-2

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BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	**5.8**	mg/dl	7-17
	BUN/CREATININE RATIO (Calculation)	**9.7**		10 - 20
	URIC ACID (Uricase Enzyme)	3.9	mg/dl	2.5 - 6.2
	CALCIUM (Bapta Method)	9.1	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	3.3	mg/dl	2.5-4.5

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	**204**	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.
Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.
Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	111	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	55	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	127	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	22	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.7		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	85	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	80	mg/dl	70 - 140
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	5.3	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	105	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.29	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	6.97	ug/dl	5.5 - 11
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	**5.750**	uIU/ml	0.27 - 4.20

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval

IMMUNOLOGY

Notes :   TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low   FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4-   Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low   FT4- Primary hypothyroidism.
-High TSH, Normal FT4-   Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1.   Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2.   Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3.   Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1.   Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2.   "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3.   Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4.   Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	30		
	COLOR (Visual Examination)	PALE YELLOW		
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.000		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	1-2	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

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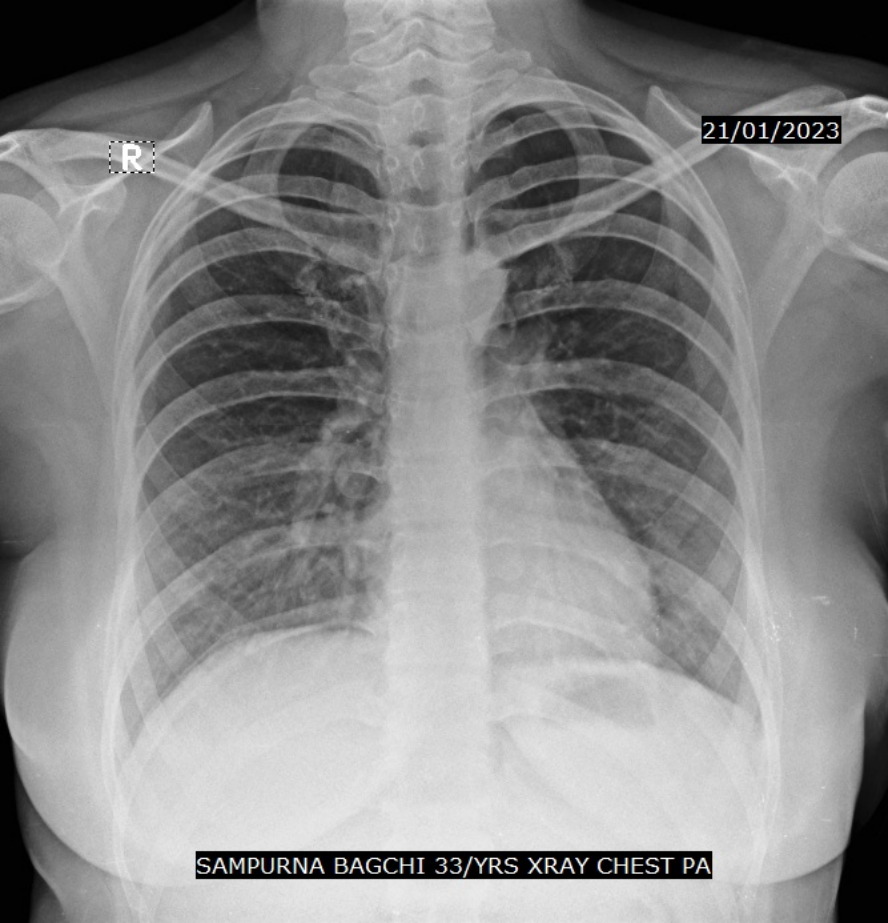
R

21/01/2023

SAMPURNA BAGCHI 33/YRS XRAY CHEST PA

Age / Gender: 33/Female

Date and Time: 21st Jan 23 10:16 AM

Patient ID: 0468700

Patient Name: Sampurna Bagchi

I	aVR	V1	V4
II	aVL	V2	V5
III	aVF	V3	V6
II			

25.0 mm/s 10.0 mm/mV   0-20Hz, 50Hz

tricog
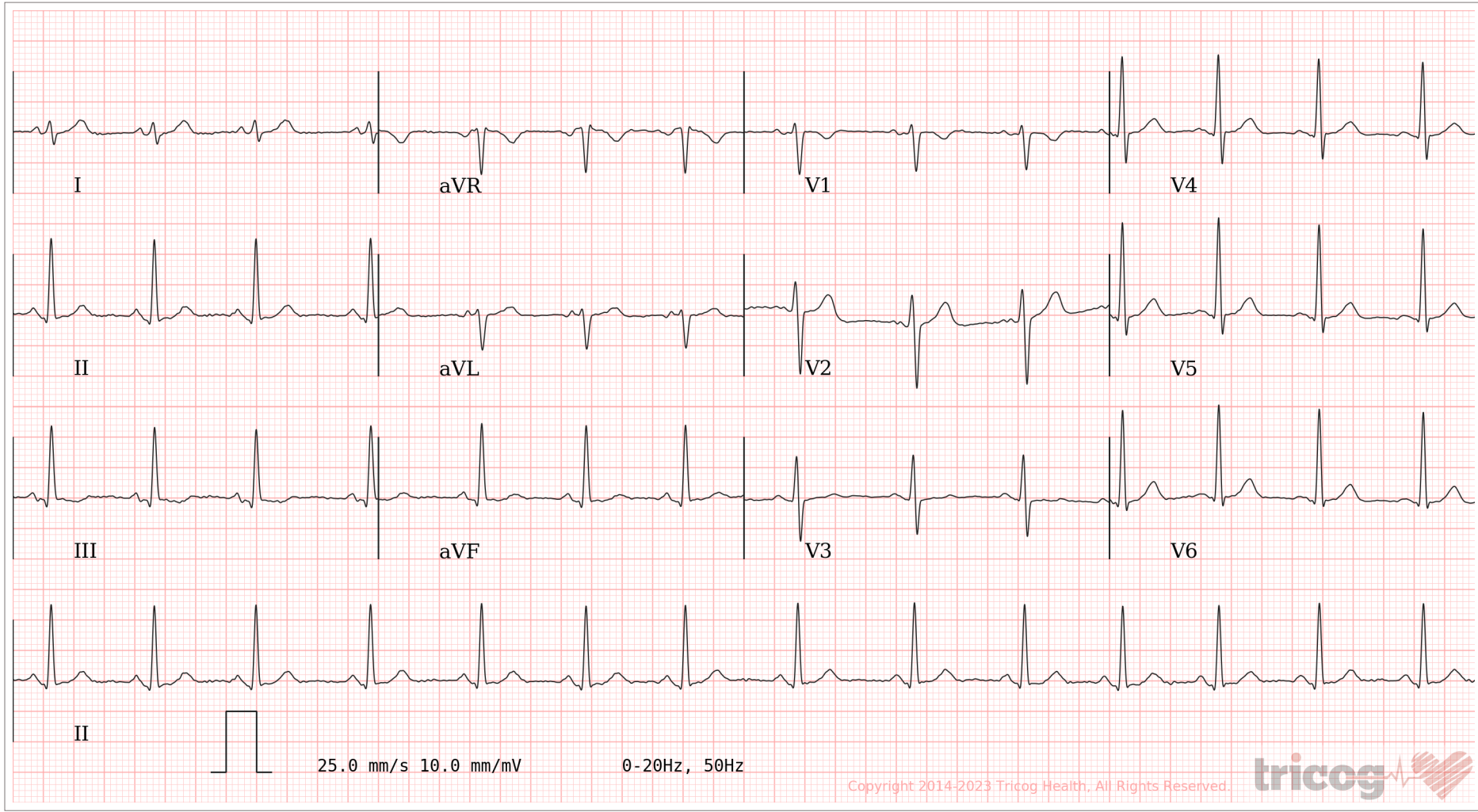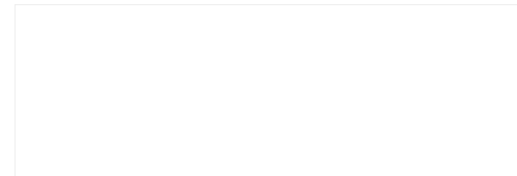
AR: NA   VR: 86bpm   QRSD: 98ms   QT: 322ms   QTc: 384ms   PRI: 126ms   P-R-T: 102° NA 40°

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

AUTHORIZED BY

REPORTED BY

Dr. Charit
MD, DM: Cardiology

Dr. Bhagyalaxmi Sunil Bailwad

63382

Disclaimer: Analysis in this report is based on ECG alone and should only 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.

HEALTHSPRING FAMILY HEALTH EXPERTS
KHAR (WEST)

Patient Details   Date: 21-Jan-23   Time: 10:33:19 AM

Name: SAMPURNA BAGCHI ID: 466216

Age: 33 y   Sex: F   Height: 165 cms.   Weight: 70 Kg.

Clinical History: Routine Test

Medications: NIL

Test Details

Protocol: Bruce   Pr.MHR: 187 bpm   THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 4 m 5 s   Max. HR: 160 (86% of Pr.MHR)bpm   Max. Mets: 7.00

Max. BP: 130 / 80 mmHg   Max. BP x HR: 20800 mmHg/min   Min. BP x HR: 8880 mmHg/min

Test Termination Criteria: Target HR Attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 11	1.0	0	0	0	110 / 80	0.00 I	0.00 II
Standing	0 : 4	1.0	0	0	115	110 / 80	-1.52 V6	-1.27 III
Hyperventilation	0 : 9	1.0	0	0	112	110 / 80	-1.52 III	-1.69 III
1	3 : 0	4.6	2.7	10	141	120 / 80	-5.32 V5	5.49 V4
Peak Ex	1 : 5	7.0	4	12	160	120 / 80	-4.81 V6	-5.49 V6
Recovery(1)	1 : 0	1.8	1.6	0	141	130 / 80	-2.28 aVF	4.64 V4
Recovery(2)	1 : 0	1.0	0	0	120	130 / 80	-1.52 III	-1.69 III
Recovery(3)	1 : 0	1.0	0	0	117	120 / 80	-1.52 aVF	-1.69 III
Recovery(4)	1 : 0	1.0	0	0	116	110 / 80	-1.27 aVF	-1.27 III
Recovery(5)	1 : 0	1.0	0	0	111	110 / 80	-1.01 aVF	-1.27 III
Recovery(6)	0 : 59	1.0	0	0	115	110 / 80	-1.77 III	-1.69 III

Interpretation

The patient exercised according to the Bruce protocol for 4 m 5 s achieving a work level of Max.
METS : 7.00. Resting heart rate initially 0 bpm, rose to a max. heart rate of 160 (86% of
Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of
130 / 80 mmHg.

Ref. Doctor: ------   **Doctor: ------**

(Summary Report edited by user)   *Schiller CS-20 V 1.7*

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 0 m 0 s	Stage Time : 0 m 6 s	**HR: 115 bpm**

Protocol: Bruce Stage: Supine Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 110 / 80

ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.0	0.0	I	V1	0.0	0.0
-1.0	-0.4	II	V2	0.0	0.4
-1.3	-1.3	III	V3	-0.5	0.0
0.3	0.0	aVR	V4	-1.3	-1.3
0.8	0.8	aVL	V5	-1.0	-0.8
-1.3	-0.8	aVF	V6	-1.5	-0.8

II

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   *Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)   ID: 466216   Date: 21-Jan-23   Exec Time : 0 m 0 s   Stage Time : 0 m 0 s   **HR: 115 bpm**

Protocol: Bruce   Stage:Standing   Speed: 0 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 110 / 80

ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)	Lead
0.0	0.0	I	0.0	0.0	V1
-1.0	-0.4	II	0.0	0.4	V2
-1.3	-1.3	III	-0.5	0.0	V3
0.3	0.0	aVR	-1.3	-1.3	V4
0.8	0.8	aVL	-1.0	-0.8	V5
-1.3	-0.8	aVF	-1.5	-0.8	V6

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216   Date: 21-Jan-23   Exec Time : 0 m 0 s   Stage Time : 0 m 0 s   *HR: 113 bpm*
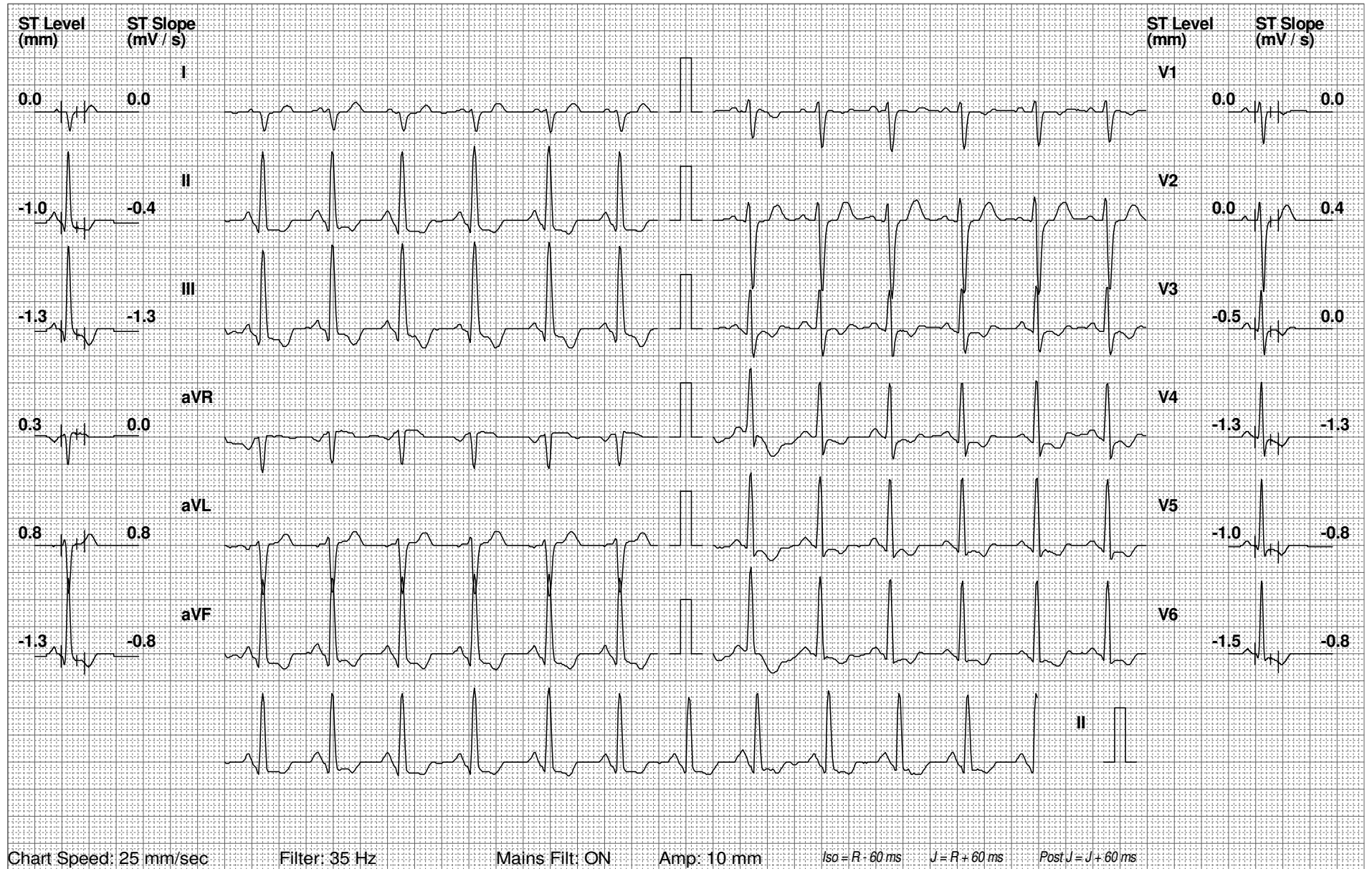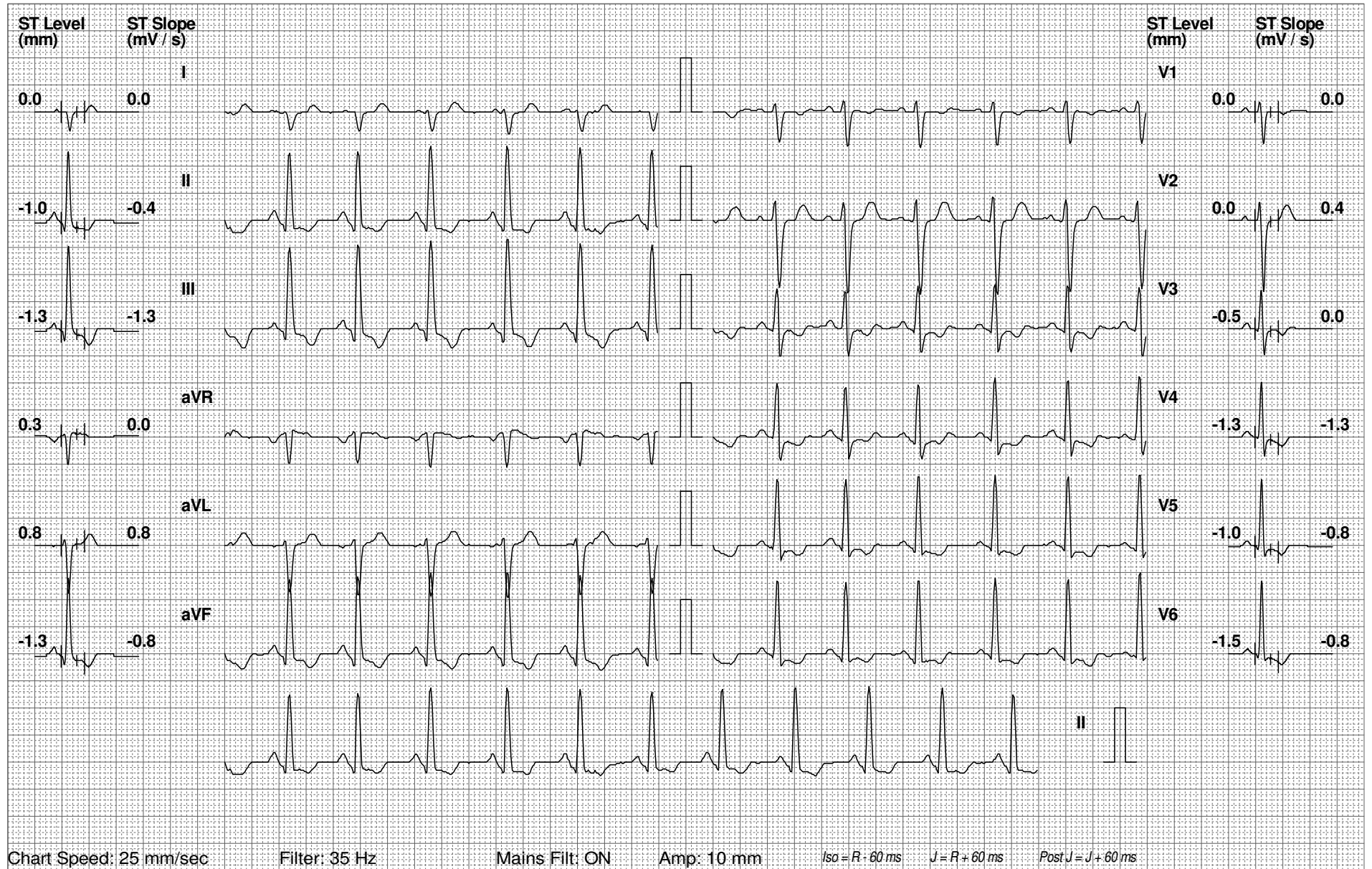
Protocol: Bruce   Stage:Hyperventilation   Speed: 0 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 110 / 80
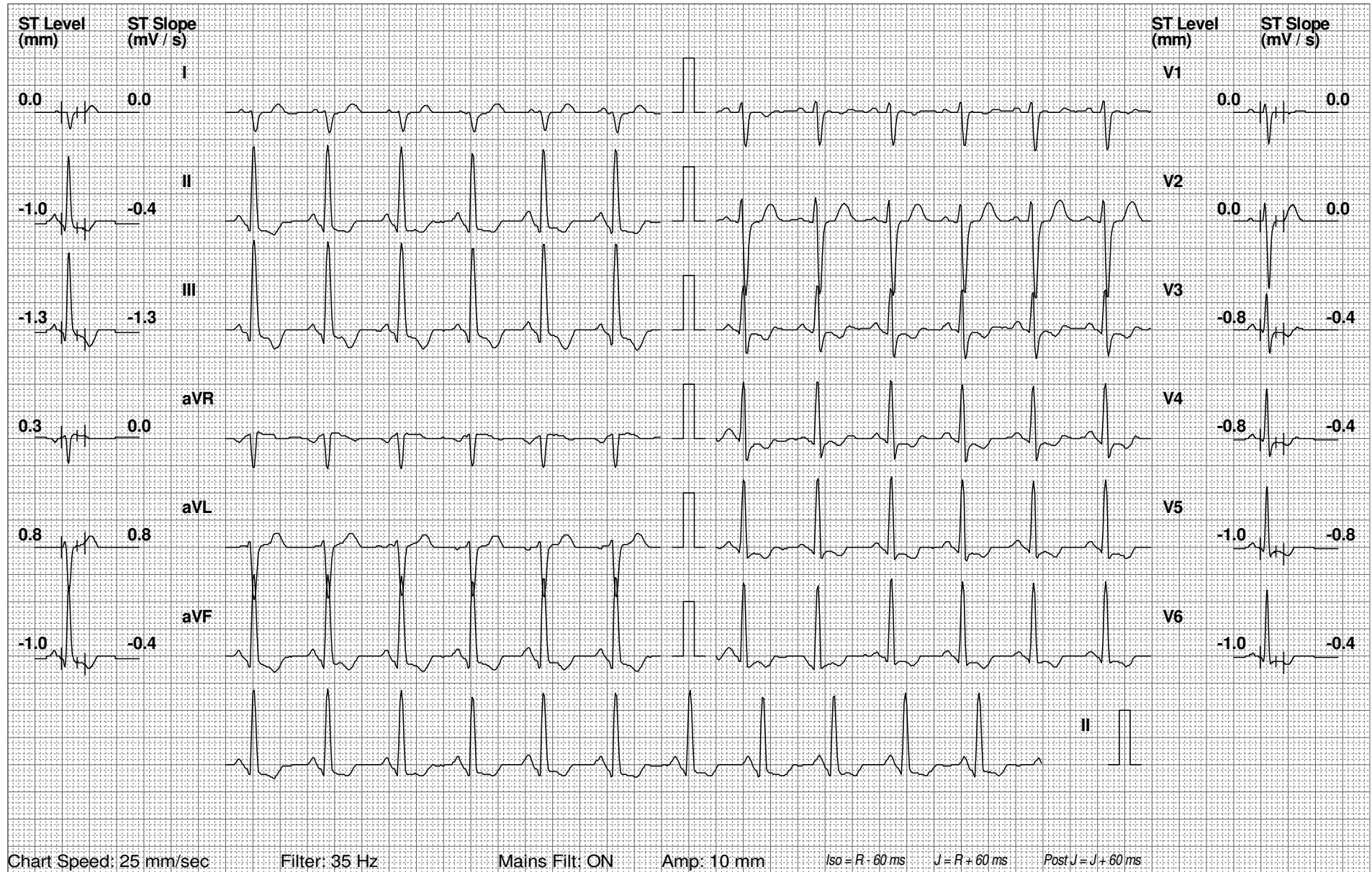
ST Level (mm)	ST Slope (mV / s)		ST Level (mm)	ST Slope (mV / s)
		I	V1	
0.0	0.0		0.0	0.0
		II	V2	
-1.0	-0.4		0.0	0.0
		III	V3	
-1.3	-1.3		-0.8	-0.4
		aVR	V4	
0.3	0.0		-0.8	-0.4
		aVL	V5	
0.8	0.8		-1.0	-0.8
		aVF	V6	
-1.0	-0.4		-1.0	-0.4
		II		

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   *Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 0 m 0 s	Stage Time : 0 m 0 s	**HR: 112 bpm**
Protocol: Bruce	Stage:Pre Test	Speed: 1.6 Km/h	Grade: 0.5 %	(THR: 158 bpm)	B.P: 110 / 80
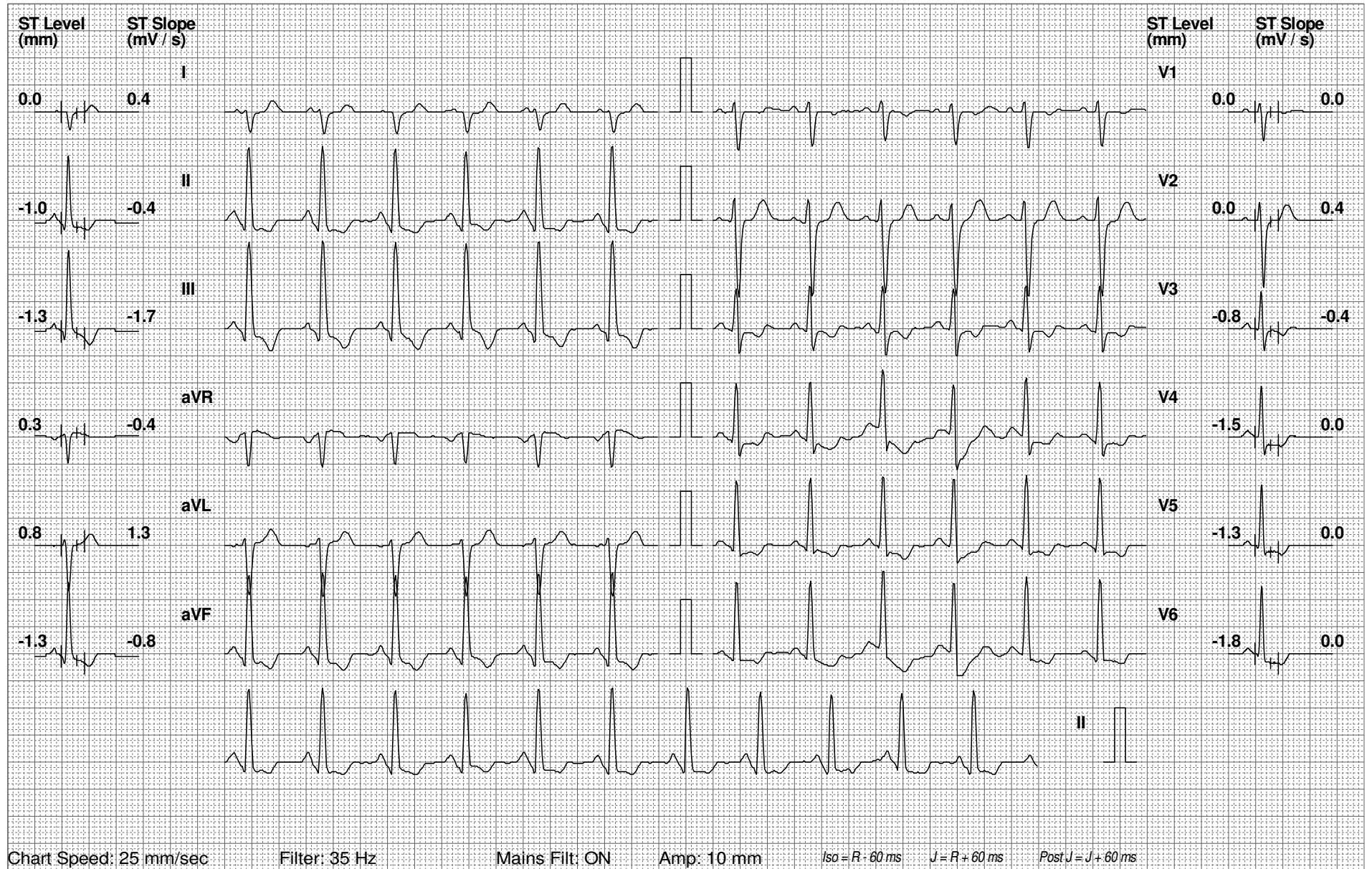
ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.0	0.4	I	V1	0.0	0.0
-1.0	-0.4	II	V2	0.0	0.4
-1.3	-1.7	III	V3	-0.8	-0.4
0.3	-0.4	aVR	V4	-1.5	0.0
0.8	1.3	aVL	V5	-1.3	0.0
-1.3	-0.8	aVF	V6	-1.8	0.0

II

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm	Iso = R - 60 ms	J = R + 60 ms	Post J = J + 60 ms

Schiller CS-20 V 1.6

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 0 m 0 s	Stage Time : 0 m 0 s	**HR: 130 bpm**

Protocol: Bruce   Stage:1   Speed: 2.7 Km/h   Grade: 10 %   (THR: 158 bpm)   B.P: 120 / 80
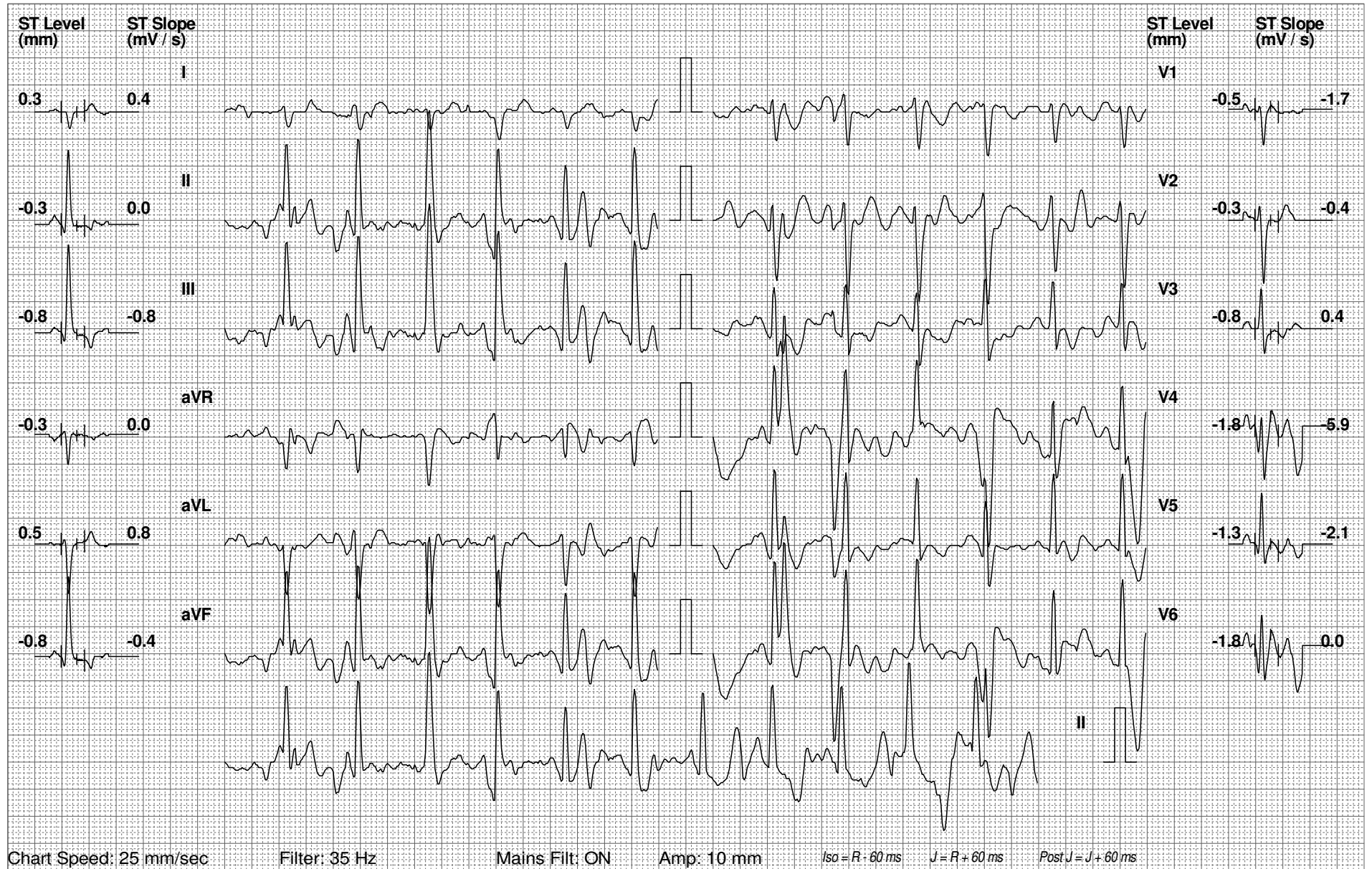
ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.3	0.4	I	V1	-0.5	-1.7
-0.3	0.0	II	V2	-0.3	-0.4
-0.8	-0.8	III	V3	-0.8	0.4
-0.3	0.0	aVR	V4	-1.8	-5.9
0.5	0.8	aVL	V5	-1.3	-2.1
-0.8	-0.4	aVF	V6	-1.8	0.0

II

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm	Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 3 m 0 s	Stage Time : 0 m 0 s	**HR: 142 bpm**

Protocol: Bruce | Stage:Peak Ex | Speed: 4 Km/h | Grade: 12 % | (THR: 158 bpm) | B.P: 120 / 80

ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)	Lead
0.3	0.4	I		0.0	0.0	V1
-1.3	-1.3	II		0.5	2.1	V2
-2.3	-2.1	III		-0.5	0.0	V3
0.3	0.0	aVR		0.3	-0.4	V4
1.3	1.7	aVL		-1.0	-1.3	V5
-1.8	-1.7	aVF		-0.3	-1.7	V6

II

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216   Date: 21-Jan-23   Exec Time : 4 m 5 s   Stage Time : 0 m 12 s   **HR: 157 bpm**
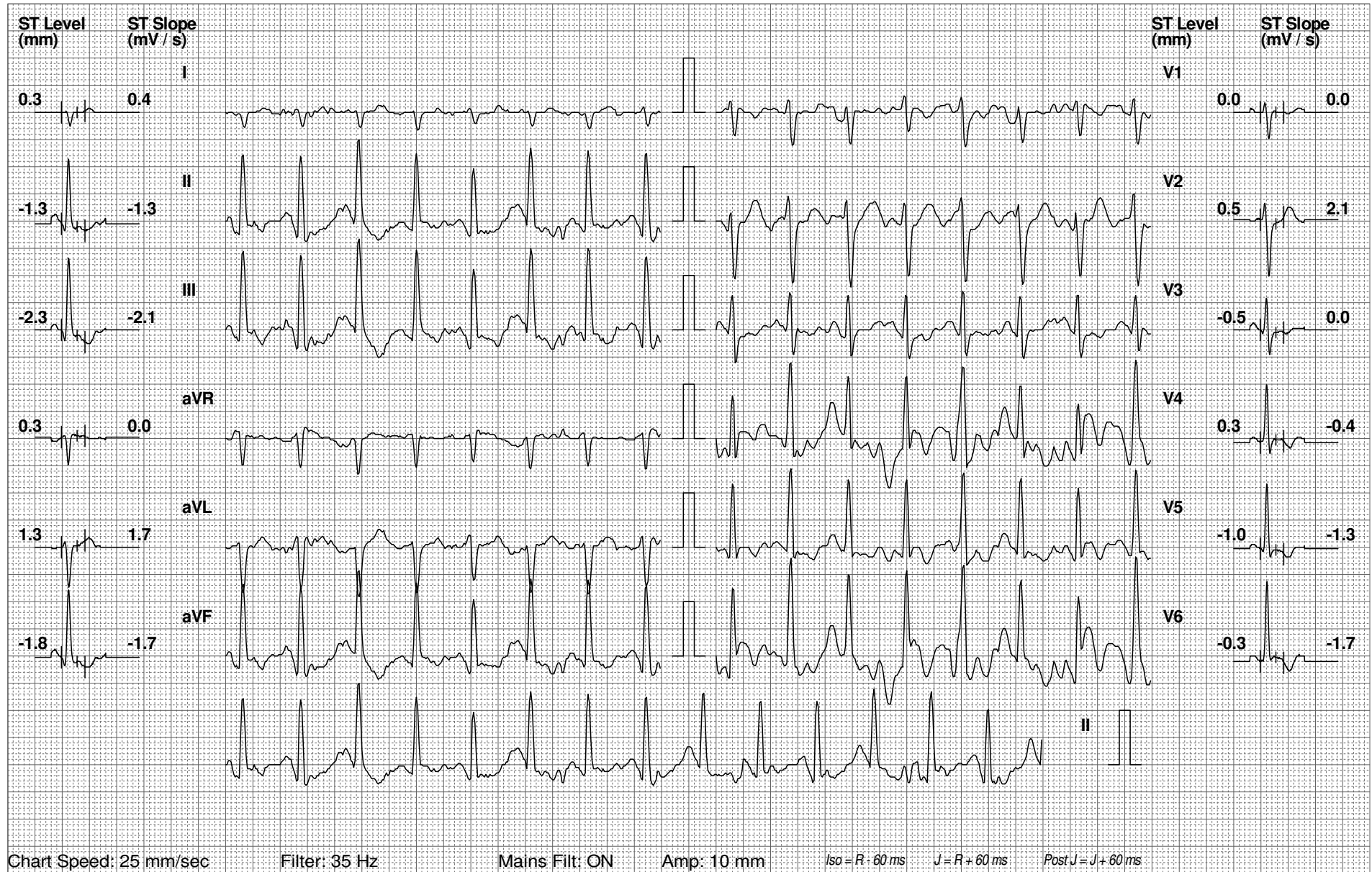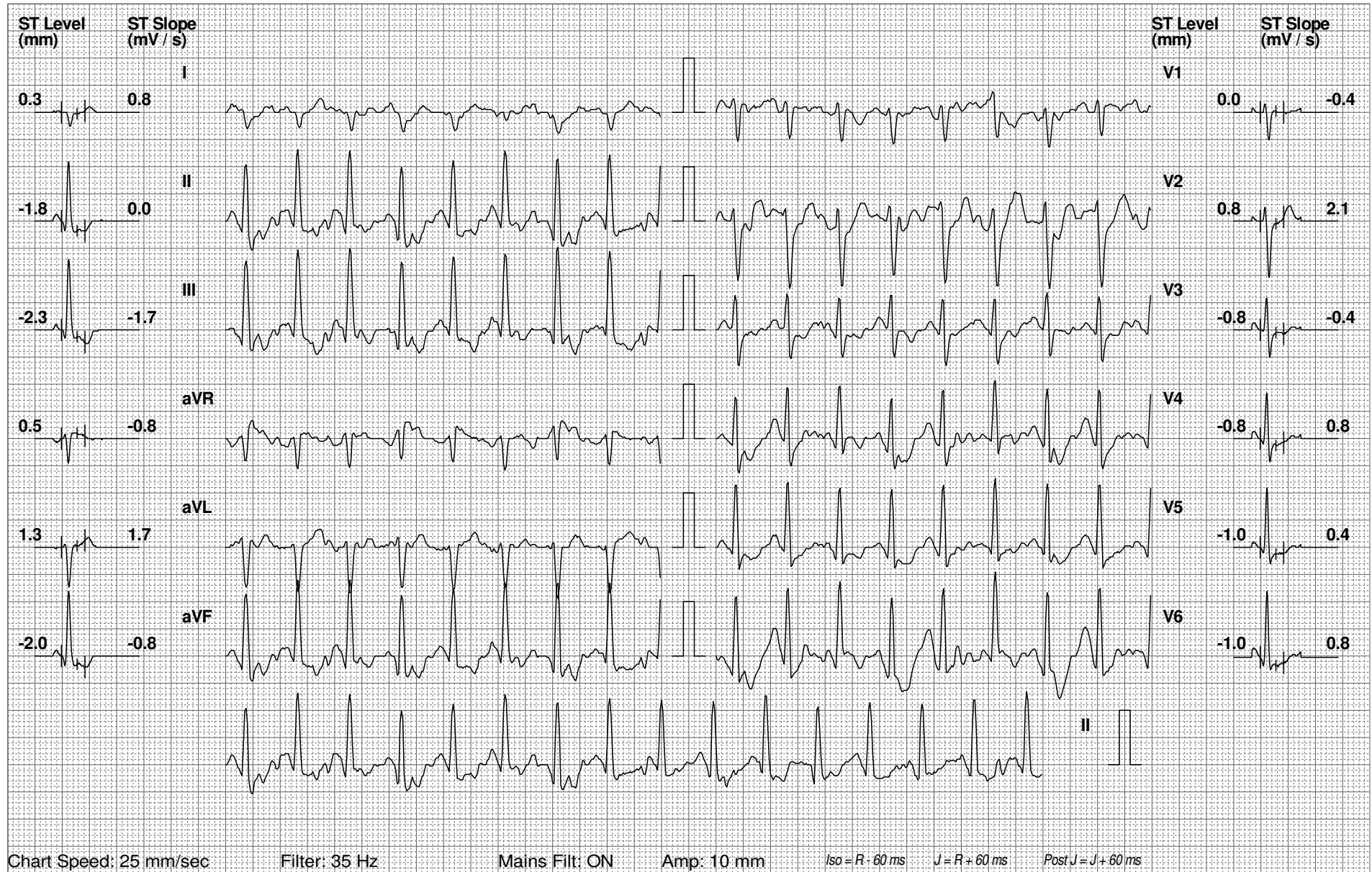
Protocol: Bruce   Stage: Recovery(1)   Speed: 1.6 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 130 / 80

ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.3	0.8	I	V1	0.0	-0.4
-1.8	0.0	II	V2	0.8	2.1
-2.3	-1.7	III	V3	-0.8	-0.4
0.5	-0.8	aVR	V4	-0.8	0.8
1.3	1.7	aVL	V5	-1.0	0.4
-2.0	-0.8	aVF	V6	-1.0	0.8

II

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   *Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 4 m 5 s

Stage Time : 0 m 0 s **HR: 138 bpm**

Protocol: Bruce   Stage:Recovery(2)   Speed: 0 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 130 / 80
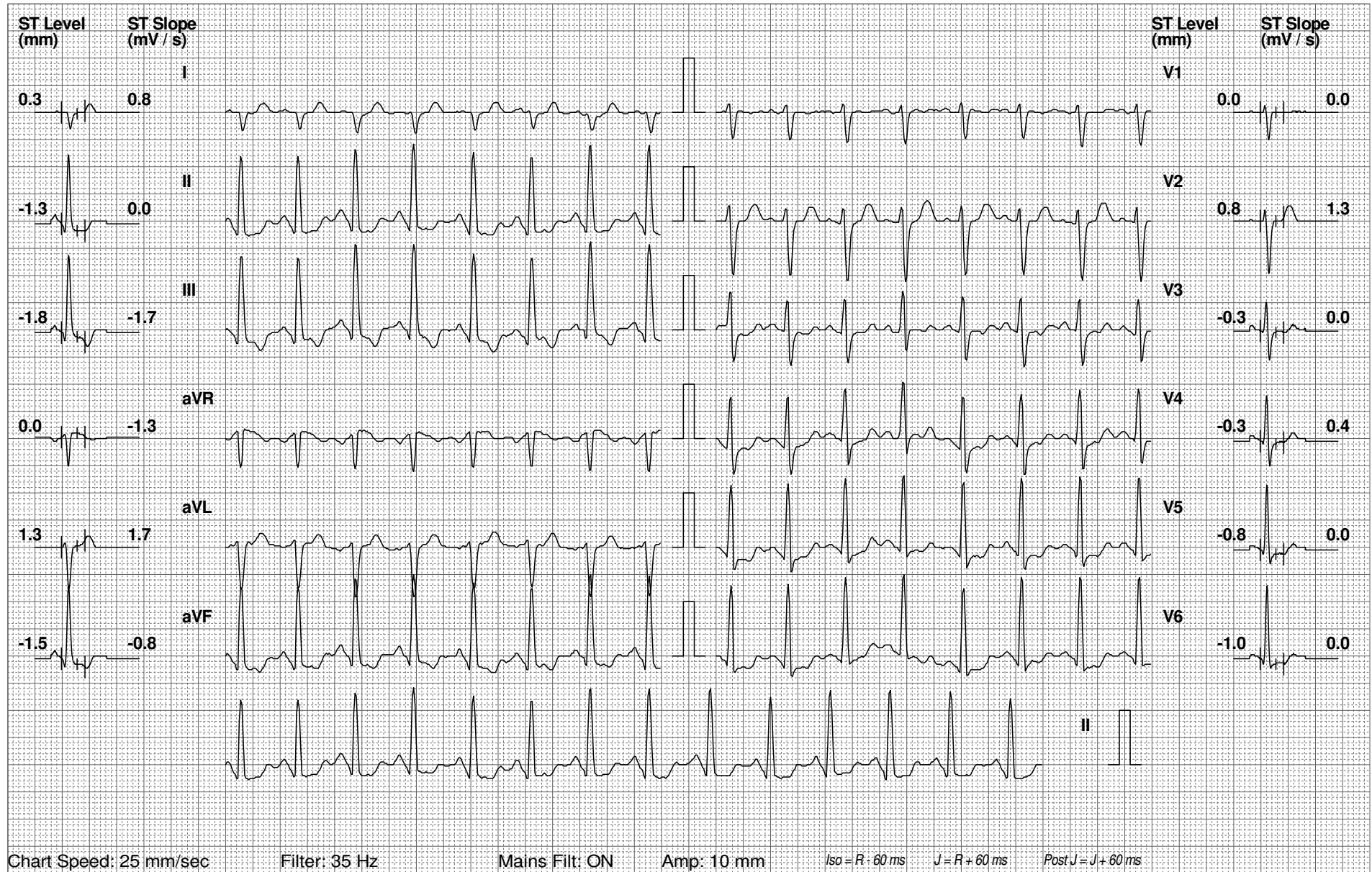
ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)
0.3	0.8	I / V1	0.0	0.0
-1.3	0.0	II / V2	0.8	1.3
-1.8	-1.7	III / V3	-0.3	0.0
0.0	-1.3	aVR / V4	-0.3	0.4
1.3	1.7	aVL / V5	-0.8	0.0
-1.5	-0.8	aVF / V6	-1.0	0.0

II

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 4 m 5 s	Stage Time : 0 m 0 s	**HR: 122 bpm**

Protocol: Bruce   Stage:Recovery(3)   Speed: 0 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 120 / 80
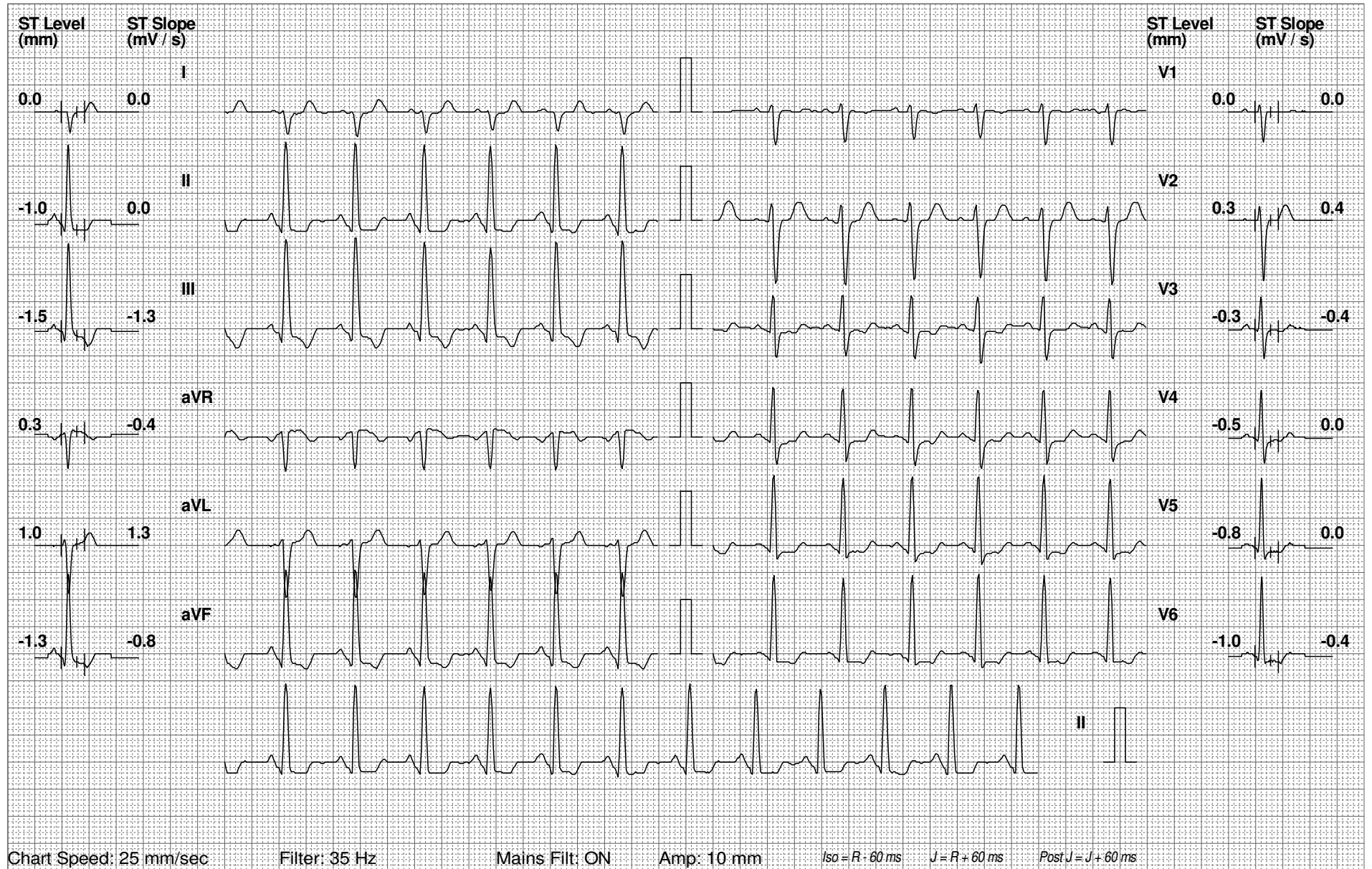
ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.0	0.0	I	V1	0.0	0.0
-1.0	0.0	II	V2	0.3	0.4
-1.5	-1.3	III	V3	-0.3	-0.4
0.3	-0.4	aVR	V4	-0.5	0.0
1.0	1.3	aVL	V5	-0.8	0.0
-1.3	-0.8	aVF	V6	-1.0	-0.4

II

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 4 m 5 s	Stage Time : 0 m 0 s	**HR: 114 bpm**

Protocol: Bruce

Stage:Recovery(4)   Speed: 0 Km/h   Grade: 0 %   (THR: 158 bpm)   B.P: 110 / 80
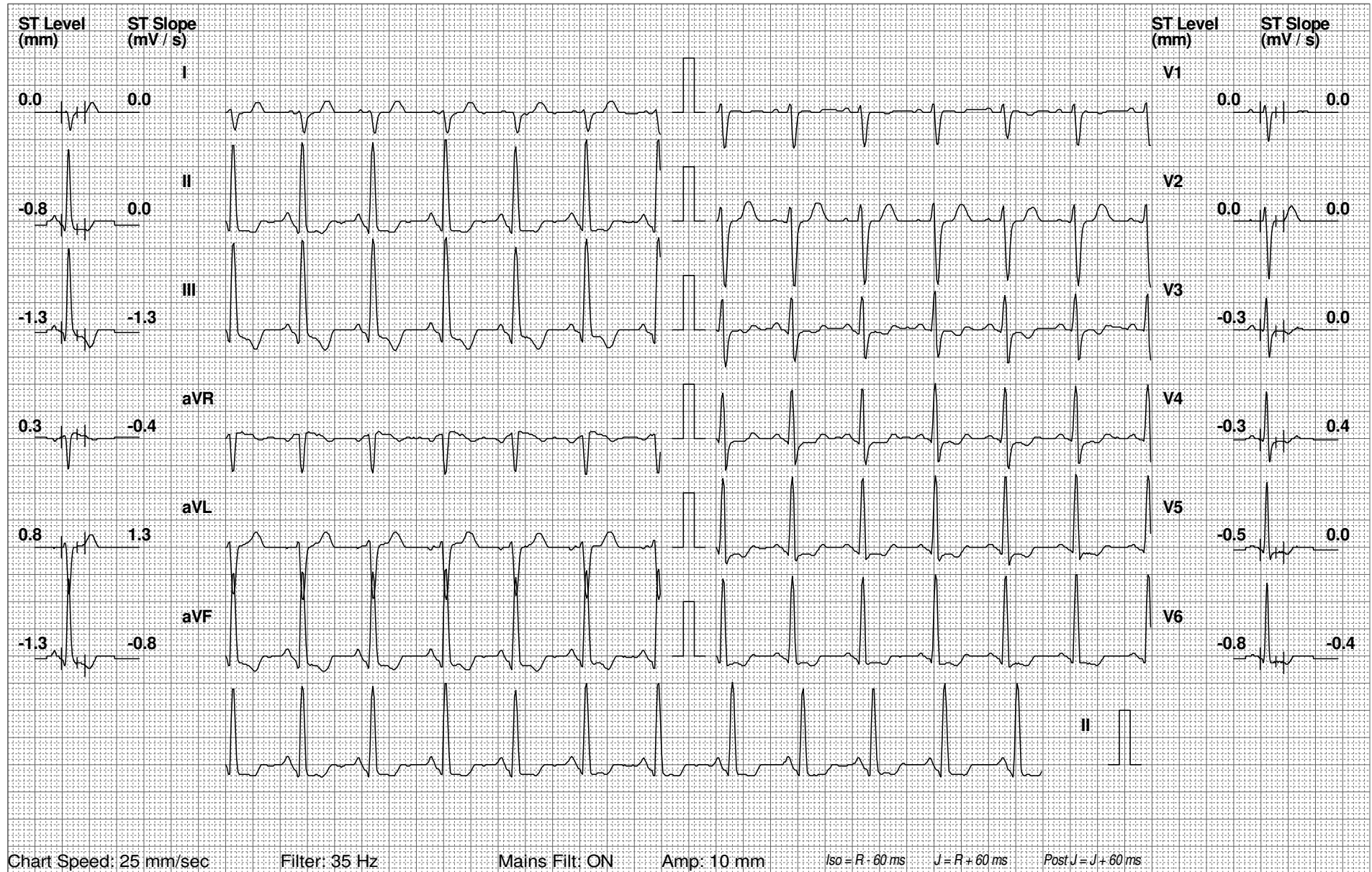
ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)
0.0	0.0	I / V1	0.0	0.0
-0.8	0.0	II / V2	0.0	0.0
-1.3	-1.3	III / V3	-0.3	0.0
0.3	-0.4	aVR / V4	-0.3	0.4
0.8	1.3	aVL / V5	-0.5	0.0
-1.3	-0.8	aVF / V6	-0.8	-0.4

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

ID: 466216	Date: 21-Jan-23	Exec Time : 4 m 5 s
Stage:Recovery(5)	Speed: 0 Km/h	Grade: 0 %
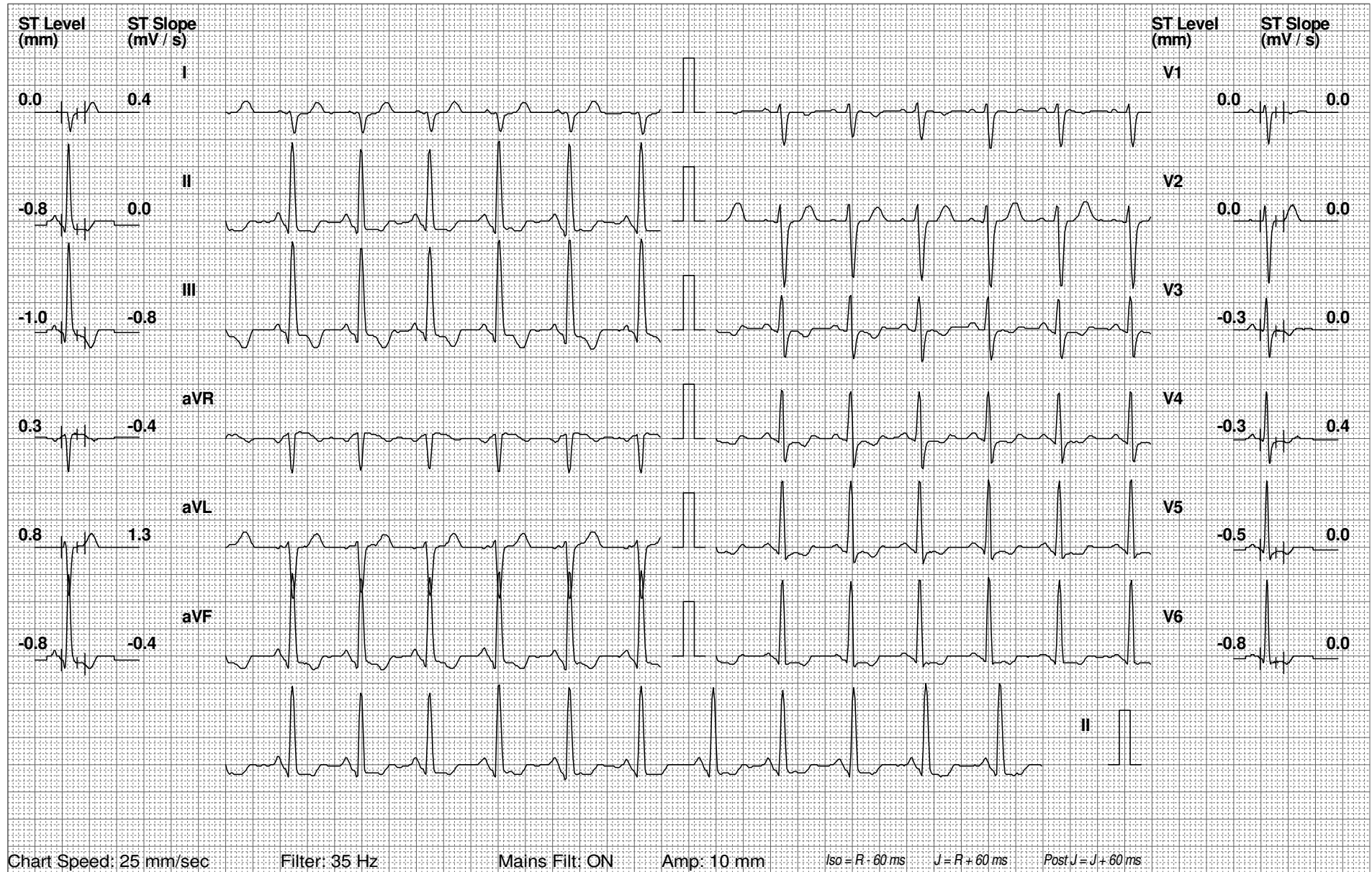
Stage Time : 0 m 0 s   **HR: 115 bpm**

Protocol: Bruce

(THR: 158 bpm)   B.P: 110 / 80

ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.0	0.4	I	V1	0.0	0.0
-0.8	0.0	II	V2	0.0	0.0
-1.0	-0.8	III	V3	-0.3	0.0
0.3	-0.4	aVR	V4	-0.3	0.4
0.8	1.3	aVL	V5	-0.5	0.0
-0.8	-0.4	aVF	V6	-0.8	0.0

II

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

SAMPURNA BAGCHI (33 F)

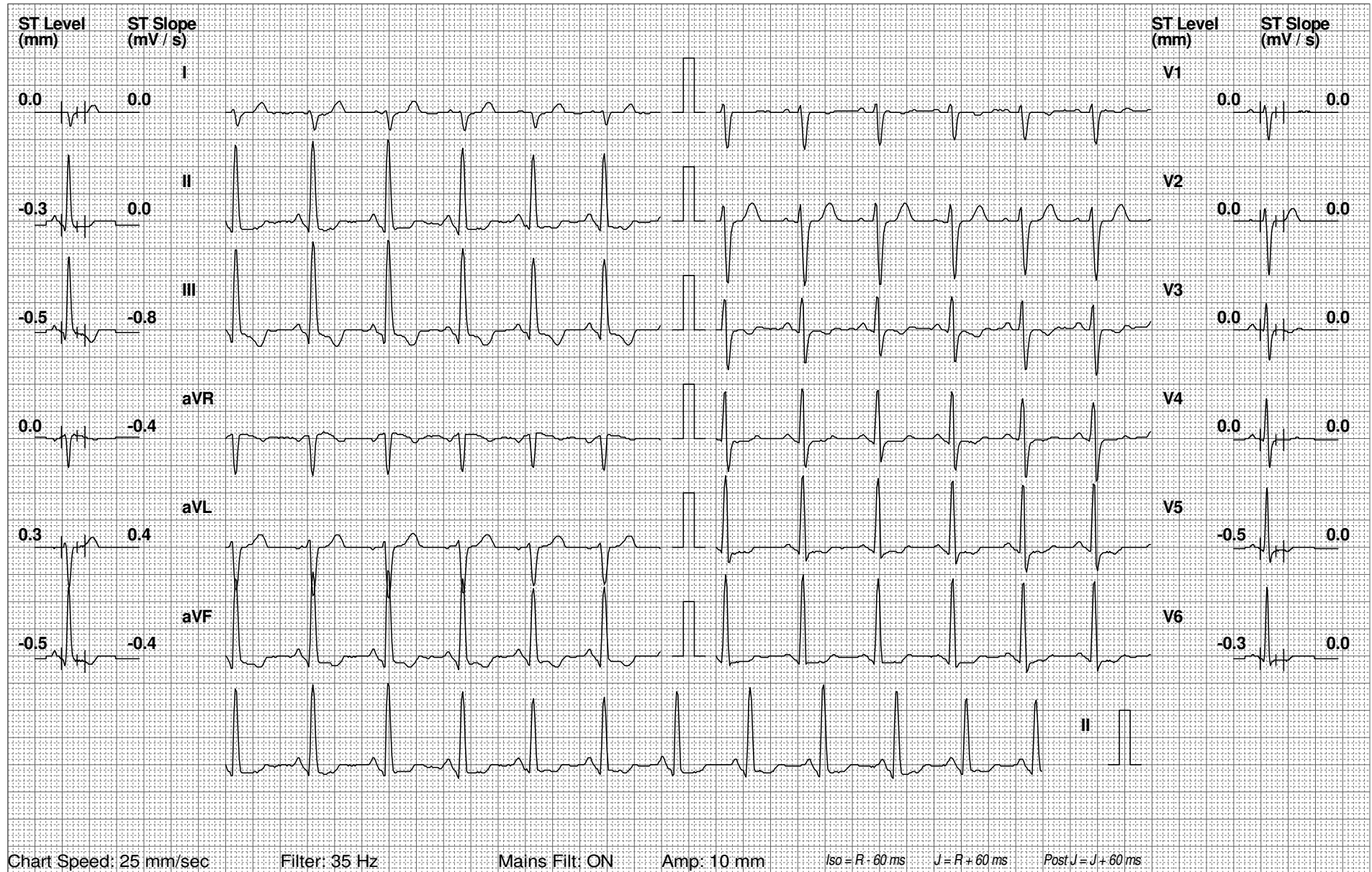ID: 466216 | Date: 21-Jan-23 | Exec Time : 4 m 5 s | Stage Time : 0 m 0 s | **HR: 112 bpm**

Protocol: Bruce | Stage:Recovery(6) | Speed: 0 Km/h | Grade: 0 % | (THR: 158 bpm) | B.P: 110 / 80

ST Level (mm)	ST Slope (mV / s)	Lead		ST Level (mm)	ST Slope (mV / s)
0.0	0.0	I	V1	0.0	0.0
-0.3	0.0	II	V2	0.0	0.0
-0.5	-0.8	III	V3	0.0	0.0
0.0	-0.4	aVR	V4	0.0	0.0
0.3	0.4	aVL	V5	-0.5	0.0
-0.5	-0.4	aVF	V6	-0.3	0.0

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | Iso = R - 60 ms | J = R + 60 ms | Post J = J + 60 ms

Schiller CS-20 V 1.6

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 21/01/2023

NAME:	SAMPURNA BAGCHI	**AGE**:(years)	33	**SEX**:	F

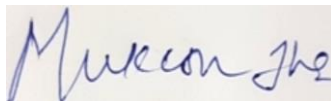| PROTOCOL USED	**BRUCE PROTOCOL**		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7	DOUBLE PRODUCT	20800 mm Hg/Min
DUKES SCORE (High Risk Score ≤ -11, Low Risk Score ≥ 5)	4		

CONCLUSION:

    NORMAL INOTROPIC & CHRONOTROPIC RESPONSE

    BASELINE ECG SHOWS ST-T CHANGES IN INFERIOR & LATERAL LEADS

    NO SYMPTOMS OR ARRHYTHMIAS SEEN DURING EXERCISE

    NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY

    GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.

    TARGET HEART RATE ACHIEVED

    STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

    STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

    ADVISED- CLINICAL CORRELATION

DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

![HEALTHSPRING - FAMILY HEALTH EXPERTS]

PATIENT'S NAME - Sampurna Bagchi   DATE - 21/01/2023

AGE/GENDER - F/ 02/12/1989   MRNO- 0468700

DOCTOR'S NAME -

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	6/6	24/6	6/6	24/6
NEAR	6/6	36/6	6/6	36/6
COLOUR	Normal			
Recommendations				

VITALS

Pulse - 88 bpm	B.P- 110/80mmHg	SpO2 98%
Height 165	Weight - 70.4	BMI-
Waist - 94	Hip - 104	Waist/Hip Ratio-
Chest - 95	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP-

Name : SAMPURNA BAGCHI	Age : 33 YRS
Gender : FEMALE	Date : 21/01/2023

X– RAY CHEST PA VIEWA

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

DR.NITISH KOTWAL
MBBS. D.M.R.D., (BOM).
Consultant Radiologist And Sonologist.

Online reporting done hence no signature