

CID#	: 2135940250	SID#	: 177804667026
Name	: MS.PUNAM SANDEEP SOLANKI	Registered	: 25-Dec-2021 / 09:36
Age / Gender	: 36 Years/Female	Collected	: 25-Dec-2021 / 09:36
Consulting Dr.	: -	Reported	: 27-Dec-2021 / 10:49
Reg.Location	: Andheri West (Main Centre)	Printed	: 27-Dec-2021 / 17:44

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	152 cms	Weight (kg):	72 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140/80 mm of Hg	Nails:	Normal
Pulse:	80/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

Borderline dyslipidemia.
Hyperuricemia

ADVICE:

Kindly consult primary physician with all reports

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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- | | |
|--|----|
| 5) Tuberculosis | NO |
| 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. Geetanjali Khullar

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CID : 2135940571
Name : MR.SANDEEP SOLANKI
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 25-Dec-2021 / 10:11
Reported : 25-Dec-2021 / 11:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.59	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Measured
MCV	80.1	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.4	20-40 %	
Absolute Lymphocytes	2540	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	550	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	3870	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	190	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	315000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	13.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	32.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.24	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	70	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.3	3.5-7.2 mg/dl	Enzymatic



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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 CPL, Andheri West
*** End Of Report ***



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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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.

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*** End Of Report ***



J. Thakker

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



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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 column agglutination technology (CAT) 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.

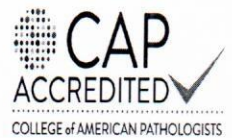
References:

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 ***



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



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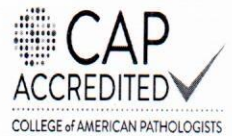
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	201.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	143.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	51.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	149.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	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	28.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.97	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 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: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.

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)

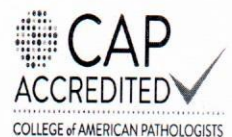
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*** End Of Report ***



MC-2111

Anupa Dixit

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



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Age / Gender : 37 Years / Male
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Reg. Location : Andheri West (Main Centre)

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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)	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			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
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Pathologist



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CID : 2135940571
Name : Mr SANDEEP SOLANKI
Age / Sex : 36 Years/Male
Ref. Dr :
Reg.Location : Andheri West (Main Center)

Reg. Date : 25-Dec-2021 / 10:25
Reported : 25-Dec-2021 / 13:07

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-----

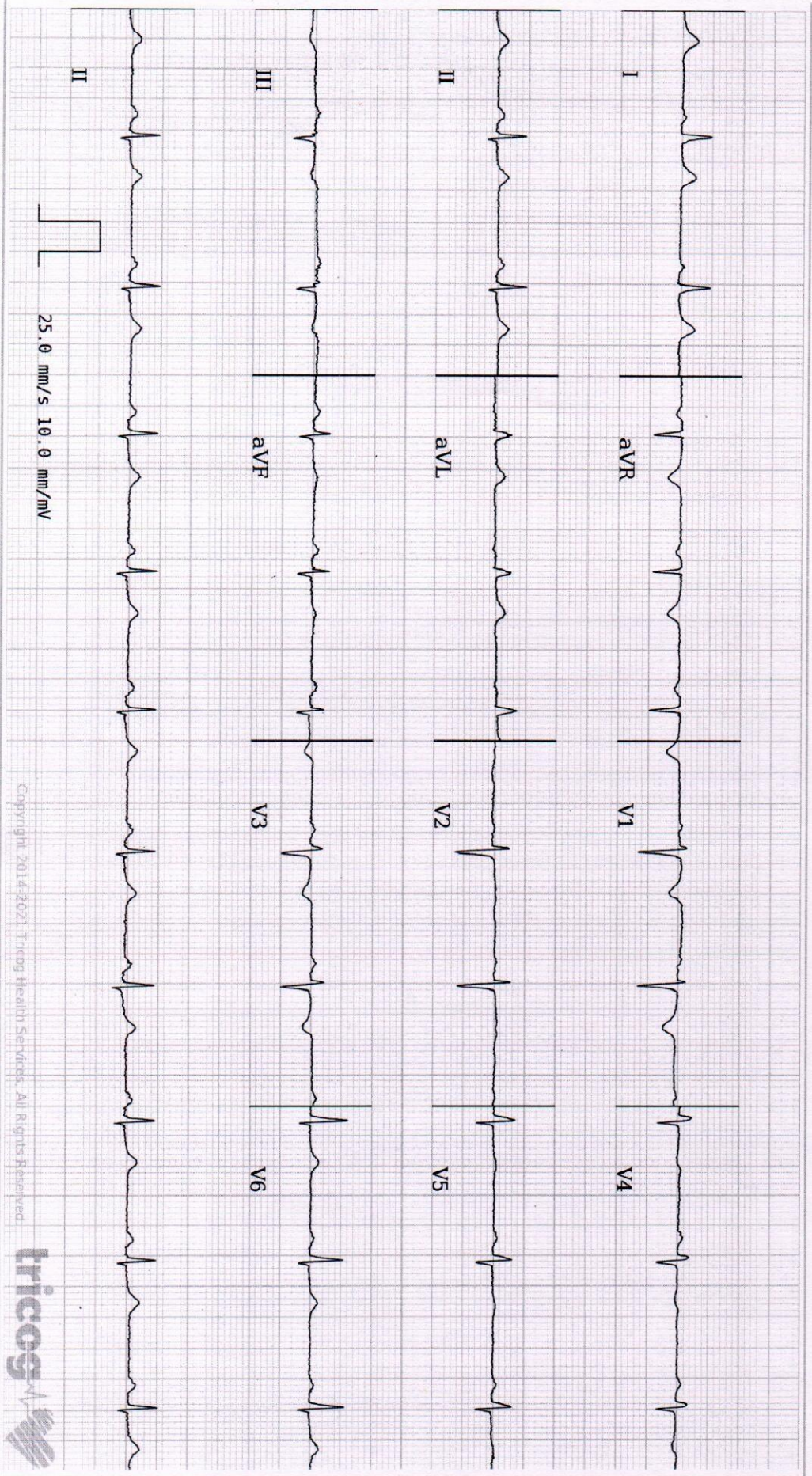
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M D , DMRE
MMC REG NO. 34078

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Age **36** 10 17
years months days

Gender **Female**

Heart Rate **65 bpm**

Patient Vitals

BP: NA

Weight: 72 kg

Height: 152 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 76 ms

QT: 398 ms

QTc: 413 ms

PR: 152 ms

P-R-T: 57° 4° 17°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Low Voltage QRS.T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. Please correlate clinically.

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.



REPORTED BY

[Signature]

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

Date:- 25/12/21

CID:

Name:- Puram Solanki

Sex / Age: F / 36

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Distance BE - 3/6
Near BE - N/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

BE - N

Colour Vision: Normal / Abnormal

Remark:

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SUBURBAN DIAGNOSTICS

Patient Details

Date: 25-Dec-21

Time: 10:19:09 AM

Name: PUNAM SANDEEP SOLANKI ID: 2135940250

Age: 36 y

Sex: F

Height: 152 cms

Weight: 72 Kgs

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 184 bpm

THR: 156 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 3 s

Max. HR: 172 (93% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 170 / 80 mmHg

Max. BP x HR: 29240 mmHg/min

Min. BP x HR: 5120 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	2 : 0	1.0	0	0	68	120 / 80	-5.73 V5	-5.66 aVR
Standing	0 : 7	1.0	0	0	64	120 / 80	-0.64 aVR	0.71 II
Hyperventilation	0 : 29	1.0	0	0	75	120 / 80	-3.82 II	-2.12 II
1	3 : 0	4.6	1.7	10	113	130 / 80	-5.10 V5	5.31 II
2	3 : 0	7.0	2.5	12	157	140 / 80	-2.12 II	4.95 V2
Peak Ex	1 : 3	10.2	3.4	14	172	170 / 80	-2.34 aVR	2.48 II
Recovery(1)	1 : 0	1.8	1	0	129	150 / 80	-1.06 III	2.83 V2
Recovery(2)	1 : 0	1.0	0	0	100	130 / 80	-0.64 aVR	2.48 V6
Recovery(3)	0 : 11	1.0	0	0	93	120 / 80	-0.42 aVR	1.06 II

Interpretation

GOOD 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 STRESS INDUCIBLE

ISCHAEMIA

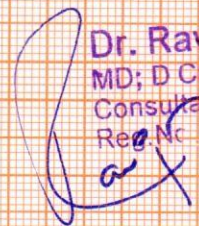
Disclaimer: Negative stress test does not rule out Coronary Artery Disease.

Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)


Dr. Ravi Chavan
MD; D Card
Consultant Cardiologist
Reg. No. 2004/06/2468

Doctor: DR. RAVI CHAVAN

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940260

Date: 25-Dec-21

Exec Time : 0 m 0 s

Stage Time : 1 m 54 s **HR: 68 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

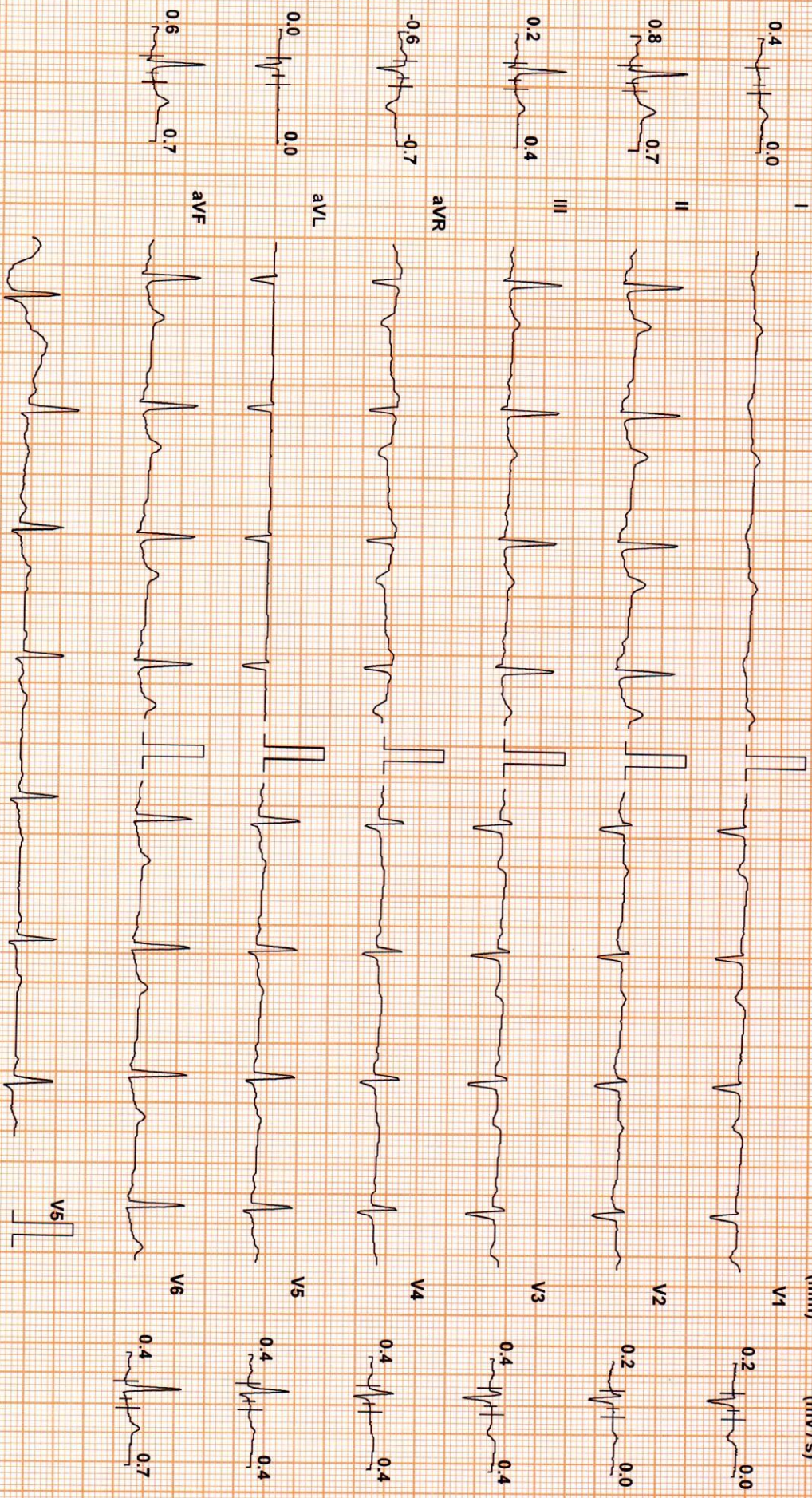


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 64 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

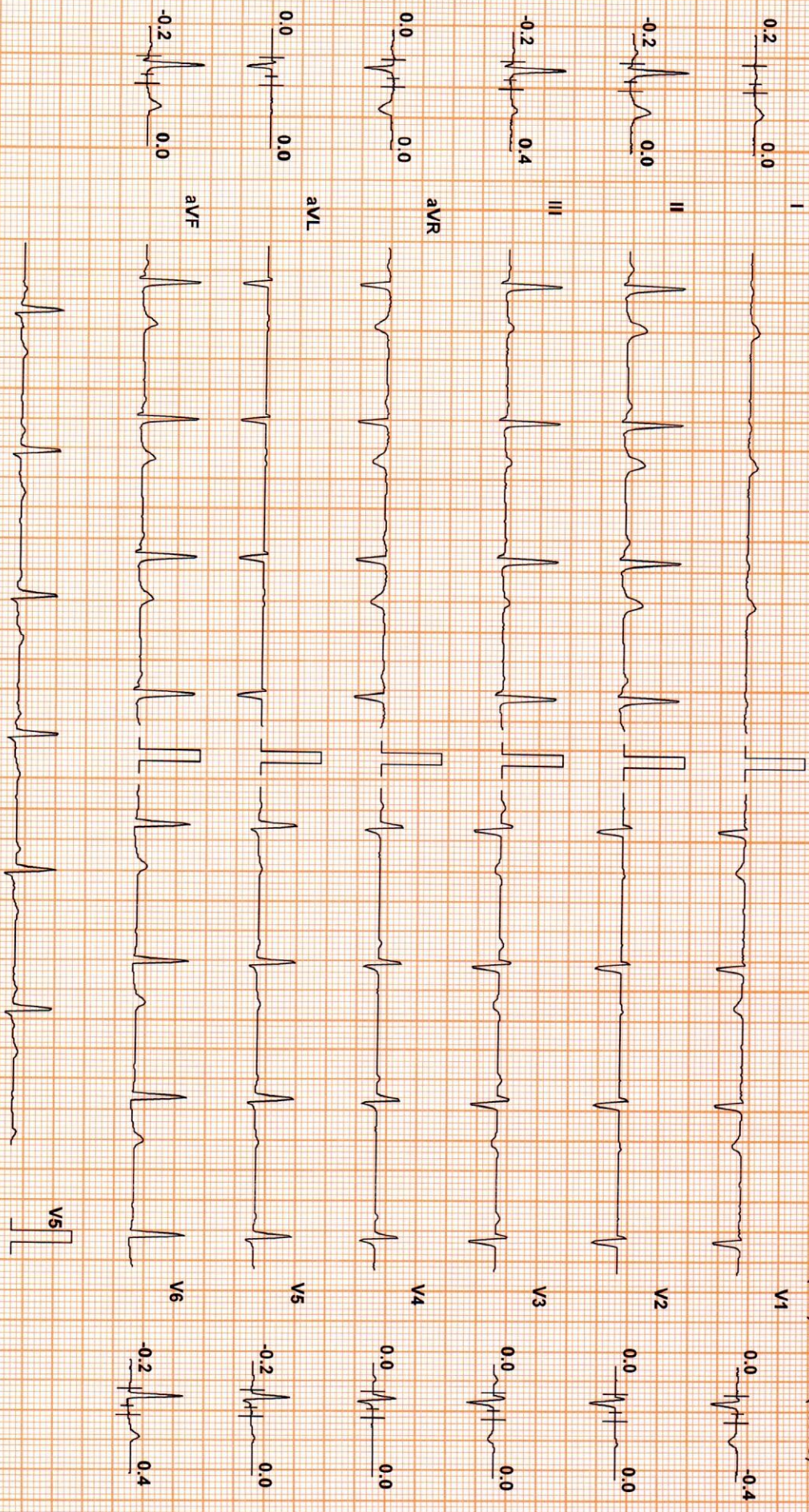


Chart Speed: 25 mm/sec
Schlier Spanden V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R · 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 75 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

I 0.4

V1 0.0 -0.4

II 1.1

V2 0.2 -0.4

III 0.7

V3 -0.2 0.0

aVR -0.4

V4 -0.4 -0.4

aVL -0.4

V5 -0.4 -0.4

aVF 0.7

V6 -0.6 -0.4

Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

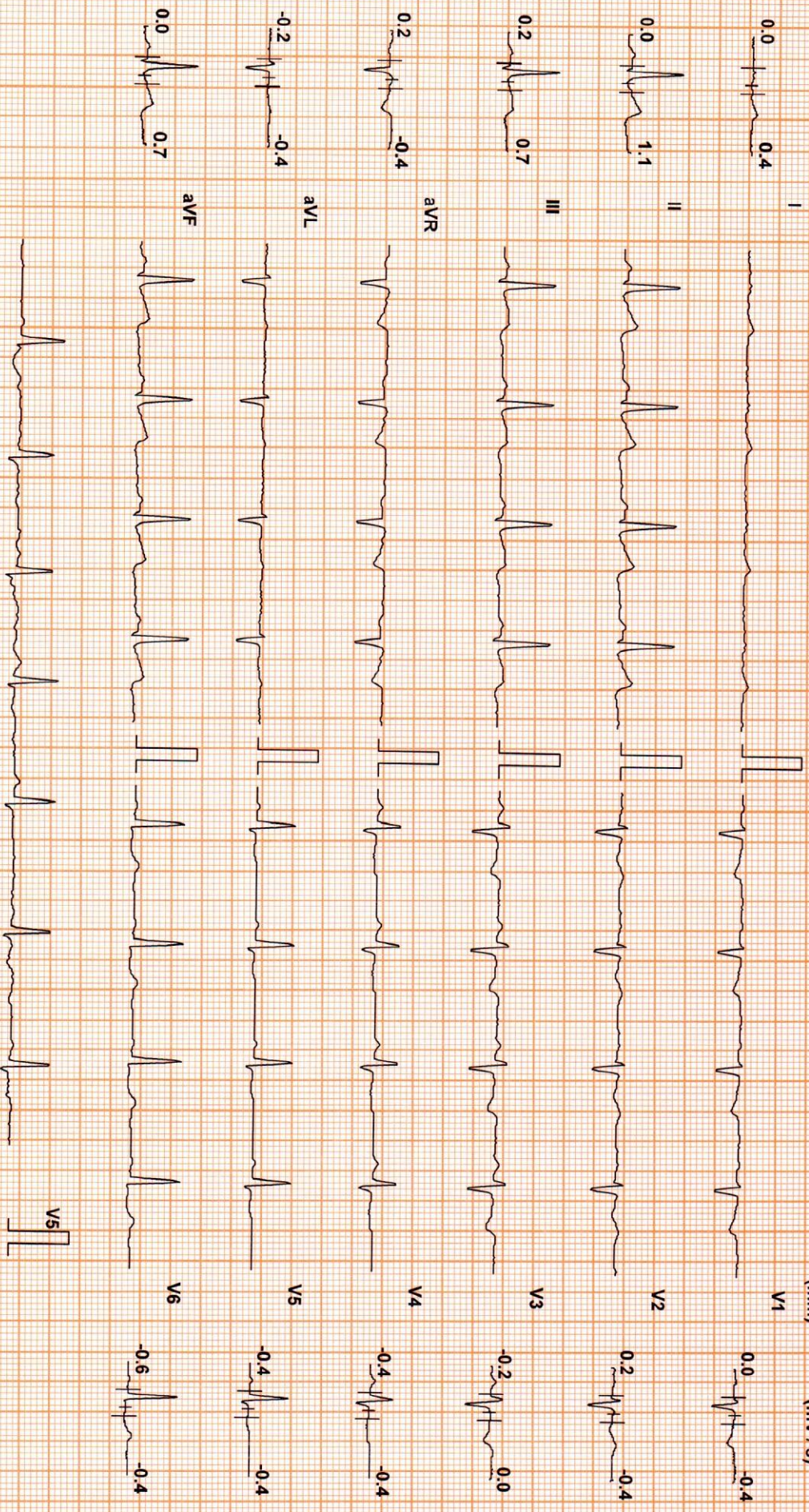
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 113 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 % (THR: 156 bpm)

B.P: 130 / 80

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

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

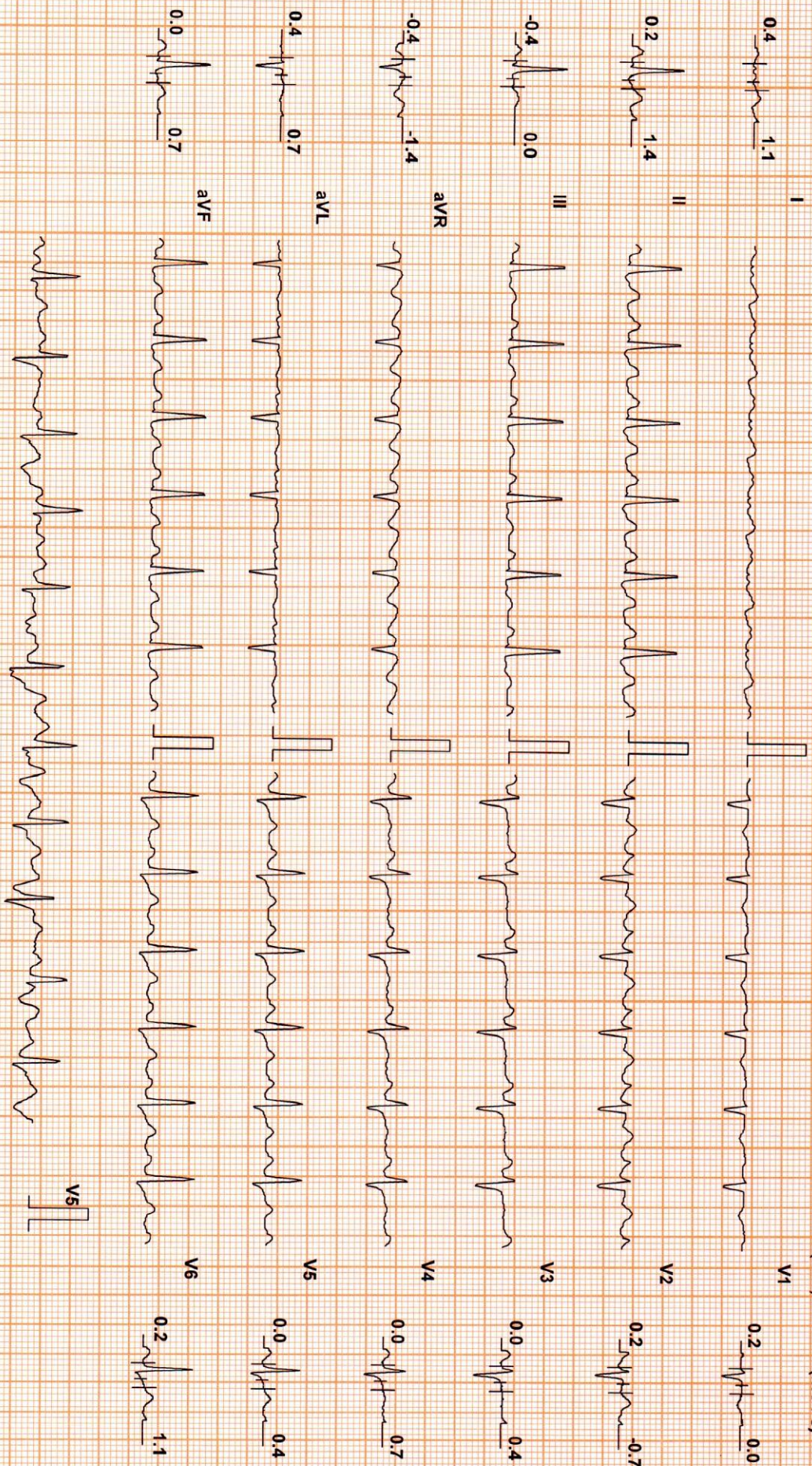


Chart Speed: 25 mm/sec
Schiller Sparden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21

Exec Time : 3 m 33 s Stage Time : 0 m 33 s **HR: 131 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 140 / 80

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

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

I

V1

0.4 2.1

0.2 -0.7

II

V2

0.4 1.1

0.4 -2.5

III

V3

0.2 -1.1

0.2 -0.4

aVR

V4

-0.2 -1.4

0.0 -0.4

aVL

V5

0.2 1.4

0.0 -0.4

aVF

V6

0.2 0.0

0.0 -0.4

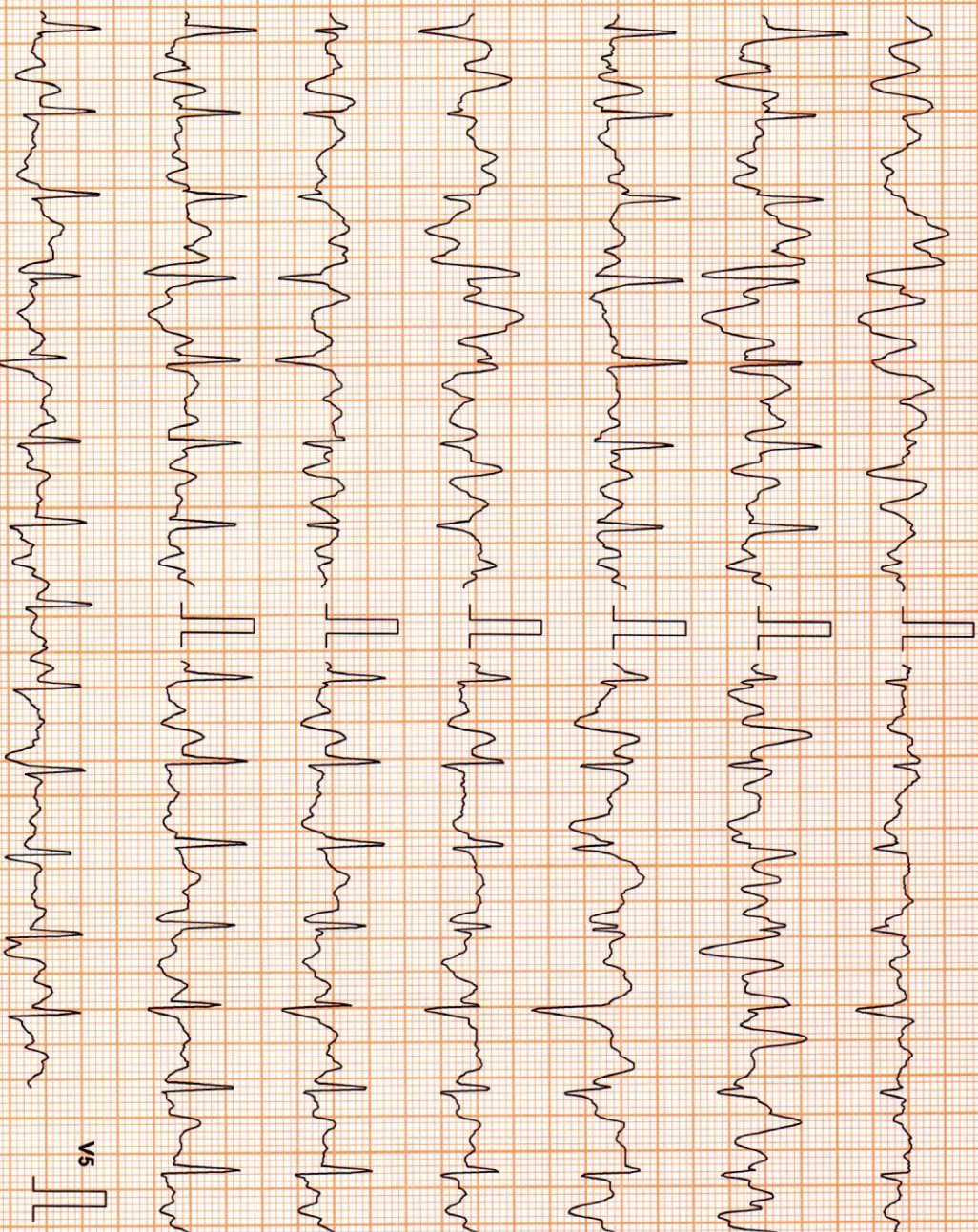


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schler Spandan V 4.7



SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 156 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 156 bpm) B.p.: 140 / 80

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

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

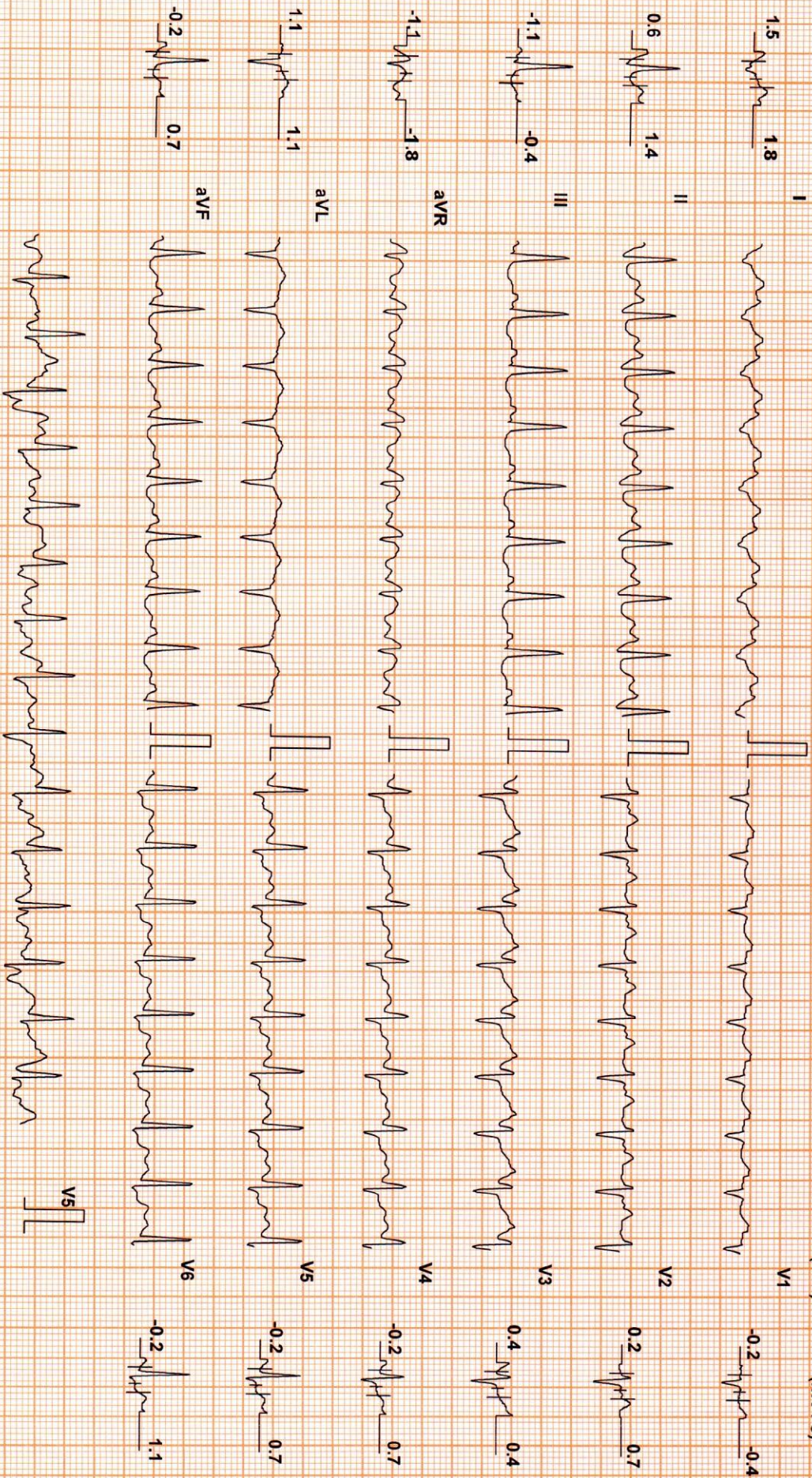


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21 Exec Time : 6 m 57 s Stage Time : 0 m 57 s HR: 172 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P.: 170 / 80

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

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

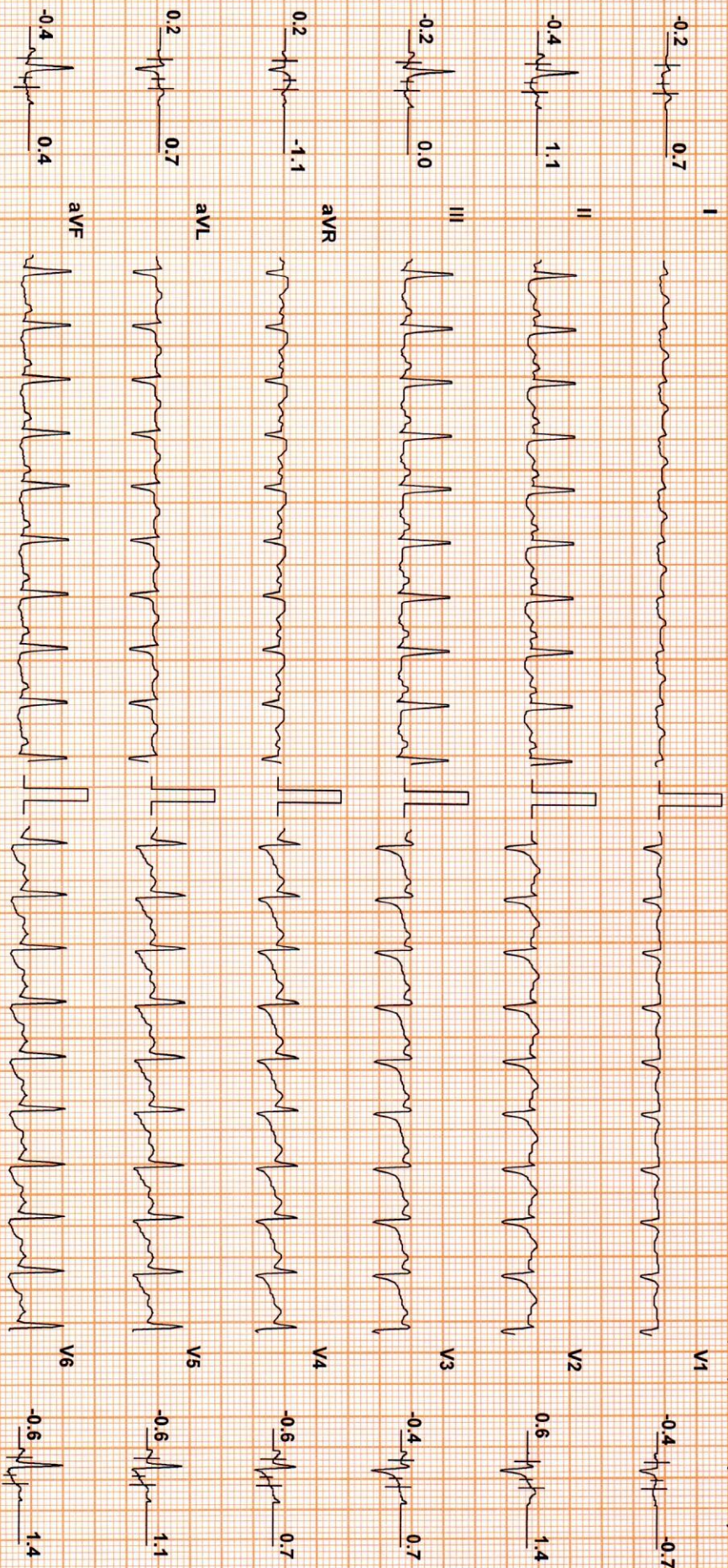


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

*Median eCG
within normal limits
Ranjit*

SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21

Exec Time : 7 m 3 s

Stage Time : 0 m 54 s HR: 129 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

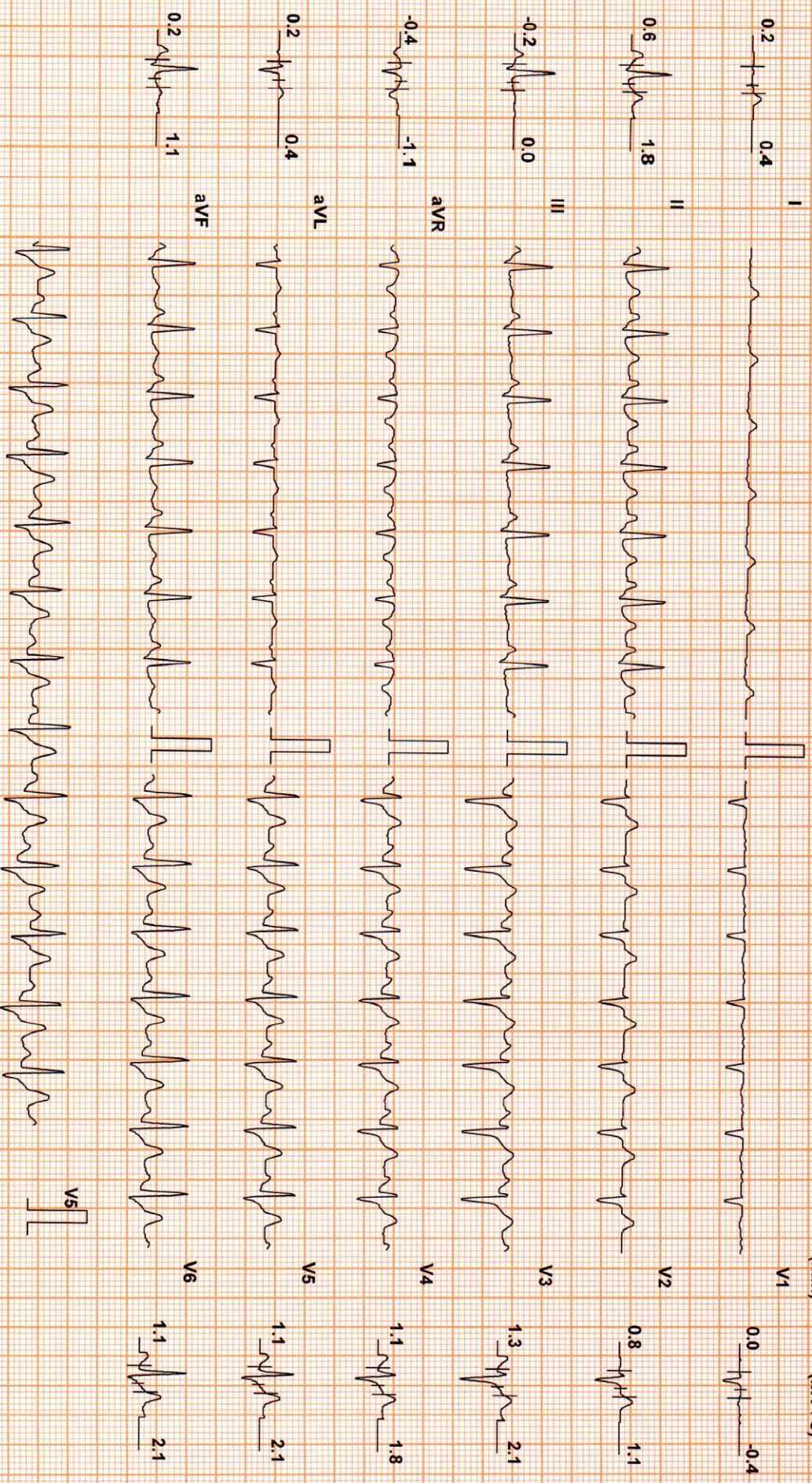


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940250

Date: 25-Dec-21

Exec Time : 7 m 3 s

Stage Time : 0 m 54 s HR: 100 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

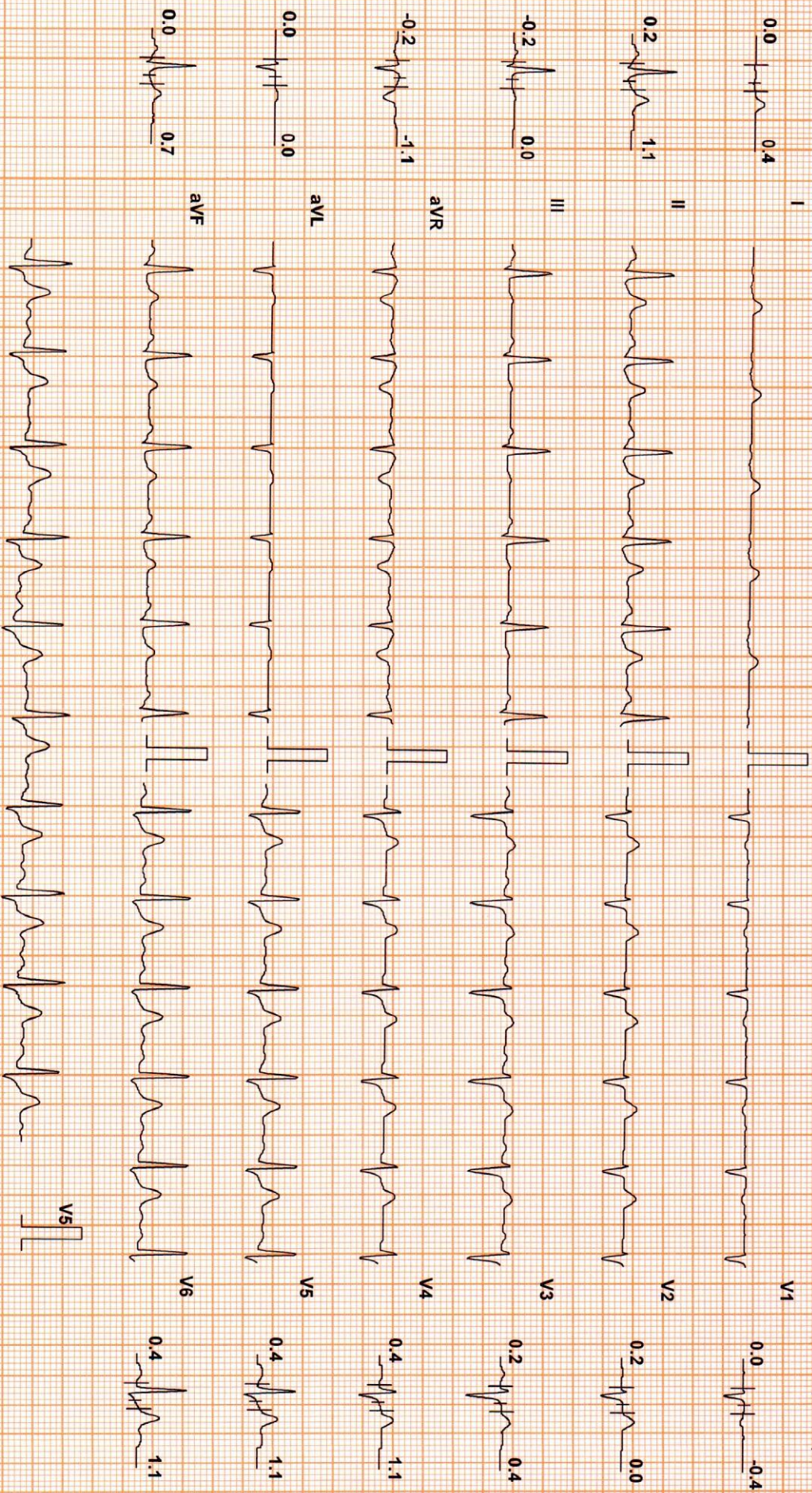


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

PUNAM SANDEEP SOLANKI (36 F)

ID: 2135940260

Date: 25-Dec-21

Exec Time : 7 m 3 s

Stage Time : 0 m 5 s

HR: 94 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

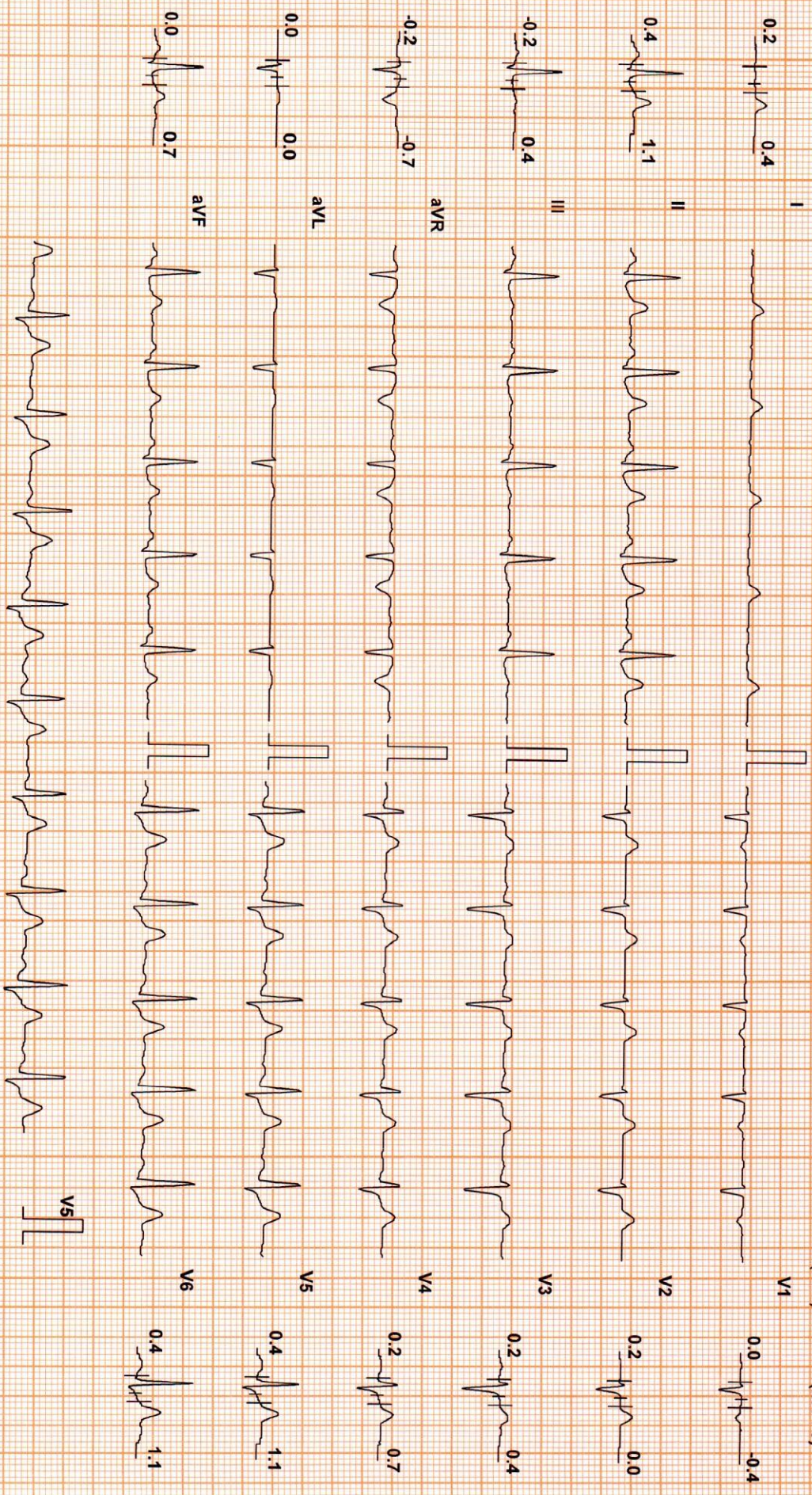


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

