

CID# : 2308421310
Name : MS.MOUNIKA KANKAPURKAR
Age / Gender : 35 Years/Female
Consulting Dr. :
Reg.Location : Andheri West (Main Centre)
Collected : 25-Mar-2023 / 08:56
Reported : 27-Mar-2023 / 11:37

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	169 cms	Weight (kg):	77 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80 mm of Hg	Nails:	Normal
Pulse:	68/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

All reports appears to be in normal limits,
Stress test is inconclusive in view of THR not achieved.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO

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GI System: Liver & Spleen not palpable
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IMPRESSION:

All reports appears to be in normal limits,
Stress test is inconclusive in view of THR not achieved.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) 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 |
| 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 NO
17) Musculoskeletal System NO

PERSONAL HISTORY:

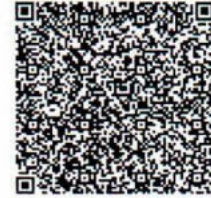
1) Alcohol NO
2) Smoking NO
3) Diet Veg
4) Medication NO

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

Authenticity Check



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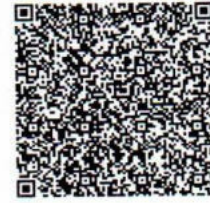
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.28	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Calculated
MCV	85.3	80-100 fl	Measured
MCH	27.7	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	16.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5150	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.1	20-40 %	
Absolute Lymphocytes	1447.2	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	406.9	200-1000 /cmm	Calculated
Neutrophils	60.6	40-80 %	
Absolute Neutrophils	3120.9	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	159.7	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	15.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	353000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Measured
PDW	15.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 27 2-20 mm at 1 hr. Sedimentation

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



MC-2111

J. Thakker

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

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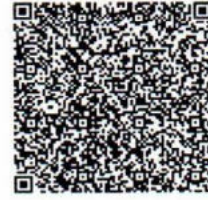
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Reported : 25-Mar-2023 / 12:35

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	92.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic

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eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



Anupa

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

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Collected : 25-Mar-2023 / 09:10
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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M. Jain

Dr.MILLU JAIN
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	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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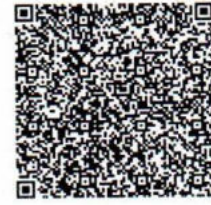


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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	186.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	105.6	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.0	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	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

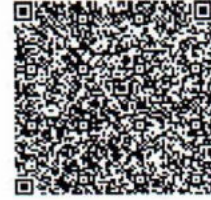
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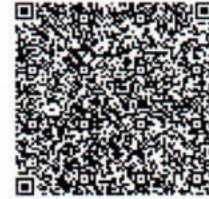
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.56	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	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 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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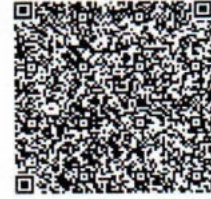


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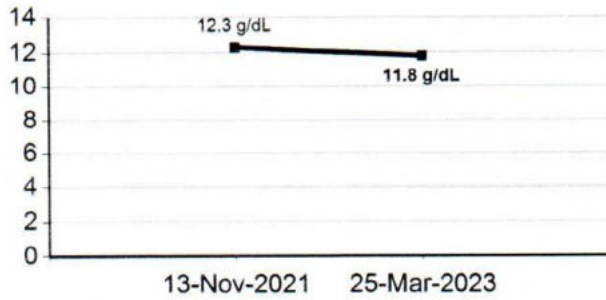
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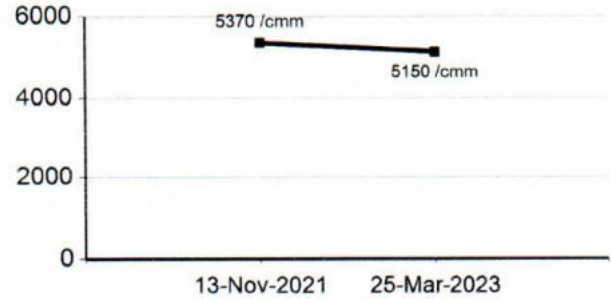
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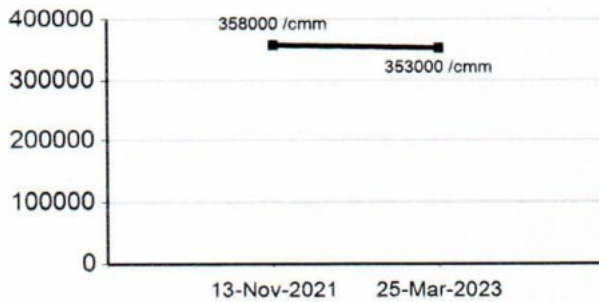
Haemoglobin



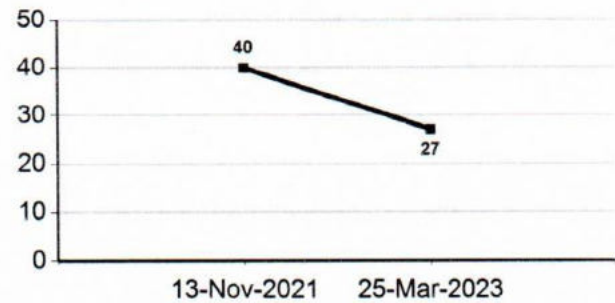
WBC Total Count



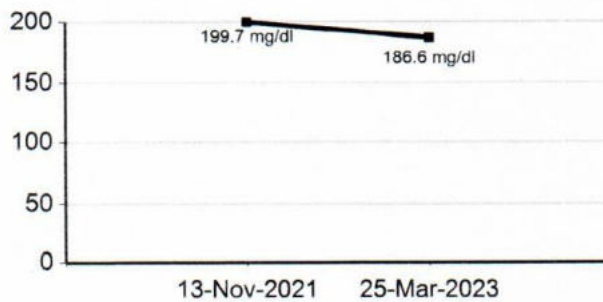
Platelet Count



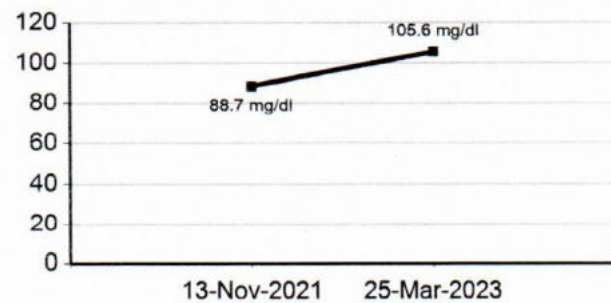
ESR



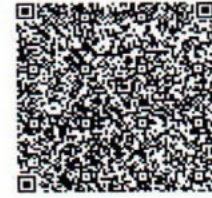
CHOLESTEROL



TRIGLYCERIDES



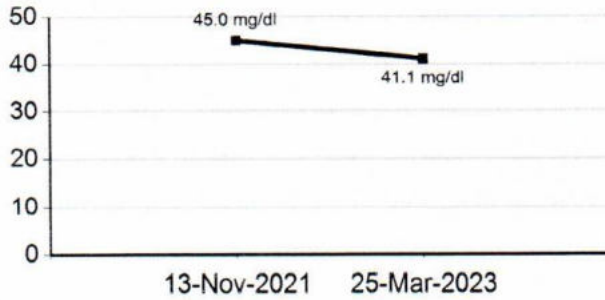
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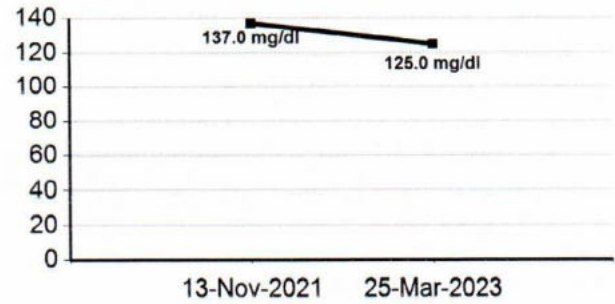
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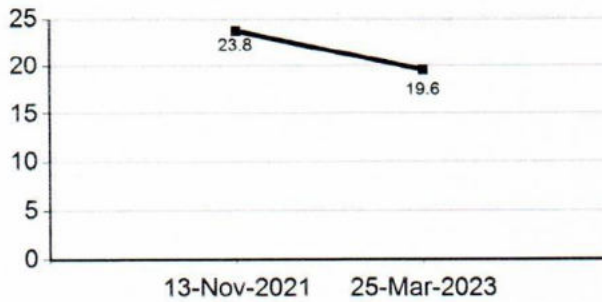
HDL CHOLESTEROL



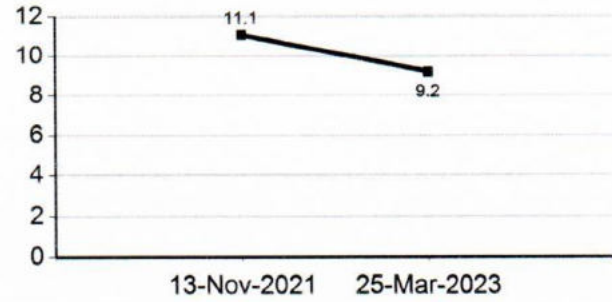
LDL CHOLESTEROL



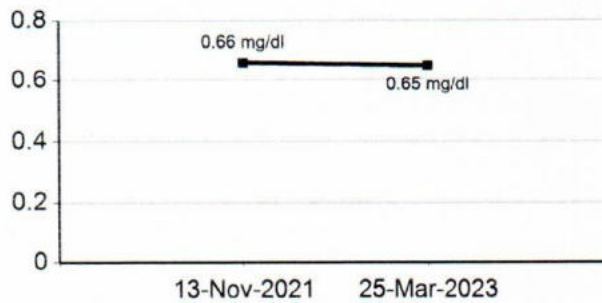
BLOOD UREA



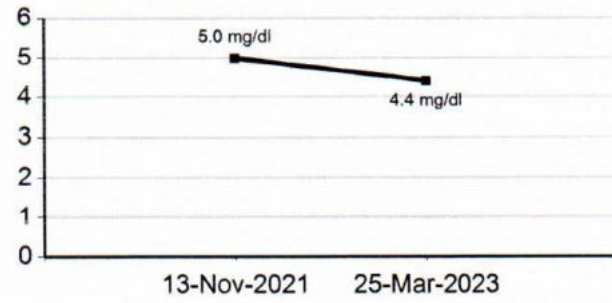
BUN



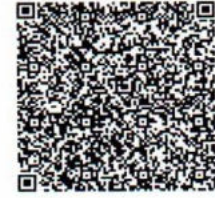
CREATININE



URIC ACID



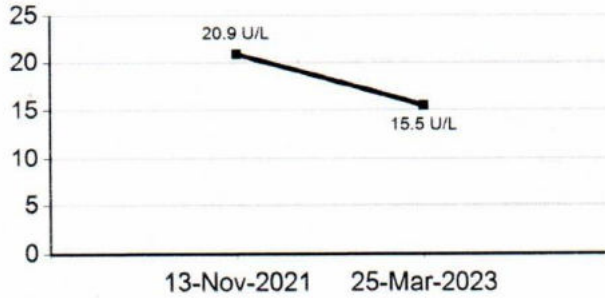
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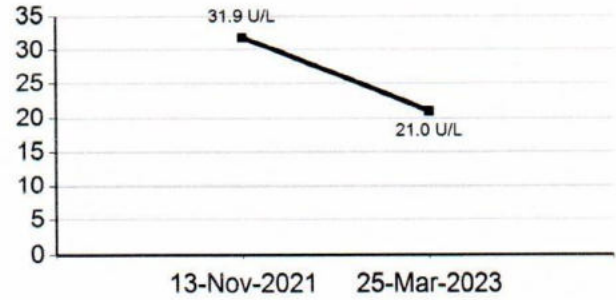
Use a QR Code Scanner Application To Scan the Code

CID : 2308421310
Name : MS.MOUNIKA KANKAPURKAR
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

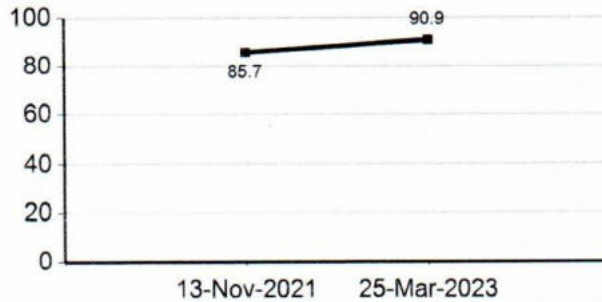
SGOT (AST)



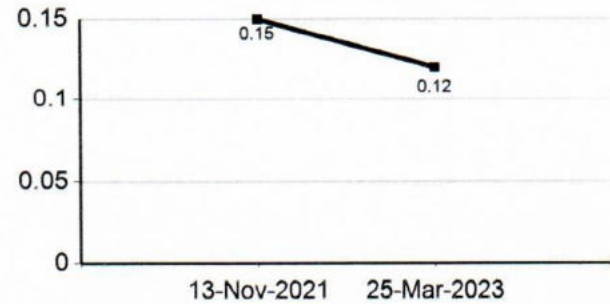
SGPT (ALT)



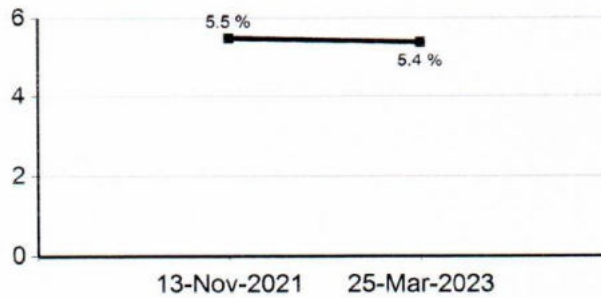
ALKALINE PHOSPHATASE



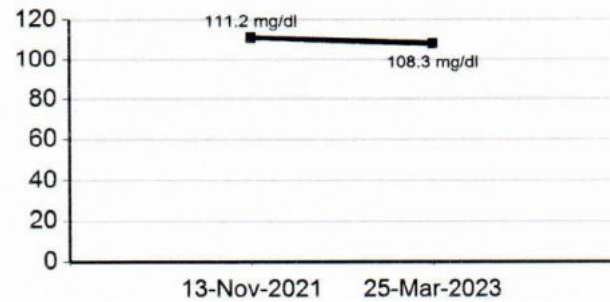
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)



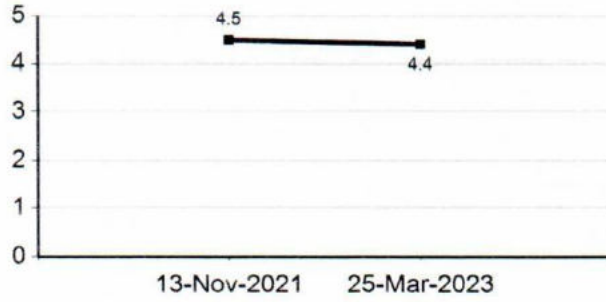
Authenticity Check



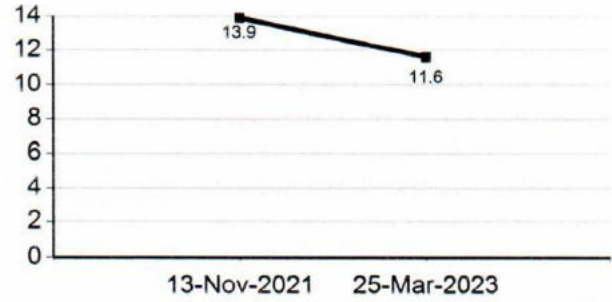
Use a QR Code Scanner Application To Scan the Code

CID : 2308421310
 Name : MS.MOUNIKA KANKAPURKAR
 Age / Gender : 35 Years / Female
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)

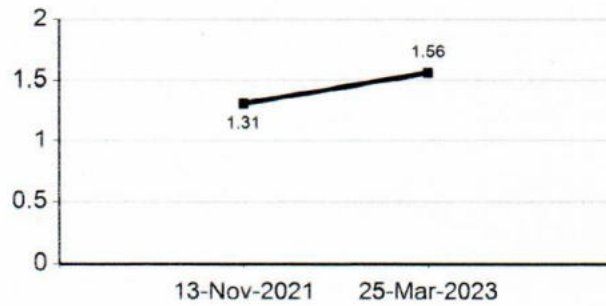
Free T3



Free T4



sensitiveTSH



CID : 2308421310
Name : MS.MOUNIKA KANKAPURKAR
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

Collected : 25-Mar-2023 / 09:10
Reported : 25-Mar-2023 / 14:41

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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check
<<QRCode>>

CID : 2308421310
Name : Ms MOUNIKA KANKAPURKAR
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:25

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images <<ImageLink>>



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421310
Name : MOUNIKA KANKAPURKAR
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 13:56

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.9cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.

The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.

No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal.

No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.7 x 4.1cm. Left kidney measures 9.7 x 4.6cm.

SPLEEN:

The spleen is normal in size (8.8cm) and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.

It measures 5.5 x 5.1 x 3.1cm in size.

The endometrial thickness is 7.2mm.

OVARIES:

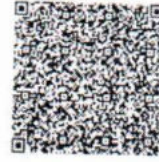
Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.5 x 1.5cm

Left ovary = 2.9 x 1.6cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508573304>



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421310
Name : MOUNIKA KANKAPURKAR
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 13:56

R
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IMPRESSION:-

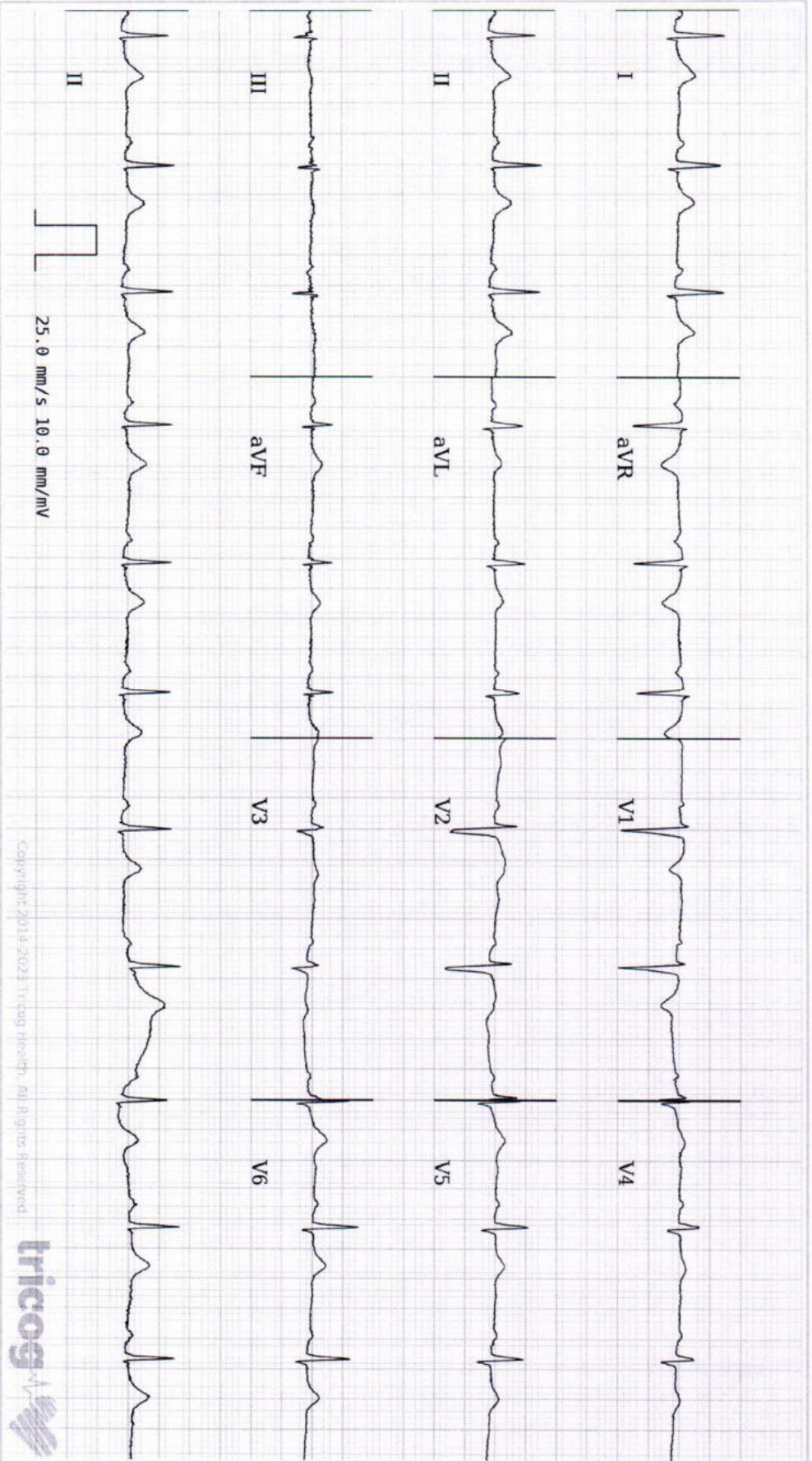
No significant abnormality is seen.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508573304>

Page no 2 of 2



Age **34** NA NA
years months days

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 86ms
QT: 400ms
QTc: 428ms
PR: 152ms
P-R-T: 34° 24° 38°

ECG Within Normal Limits: Sinus Rhythm. RV3 less than 3 mm (nonspecific). Please correlate clinically.

REPORTED BY

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

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 25-Mar-23 **Time:** 12:17:09
Name: MOUNIKA KANKAPURAKAR **ID:** 2308421310
Age: 34 y **Sex:** F **Height:** 169 cms **Weight:** 77 Kgs
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 6 m 17 s **Max. HR:** 140 (75% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 22400 mmHg/min **Min. BP x HR:** 6720 mmHg/min
Test Termination Criteria: Fatigue

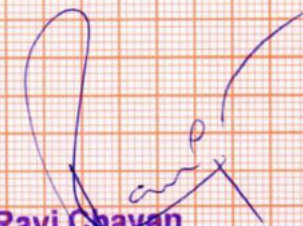
Protocol Details

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	0 : 58	1.0	0	0	96	130 / 80	-1.27 aVR	2.48 II
Standing	0 : 6	1.0	0	0	95	130 / 80	-0.85 aVR	1.06 II
Hyperventilation	0 : 6	1.0	0	0	87	130 / 80	-1.06 aVR	1.42 II
1	3 : 0	4.6	1.7	10	113	140 / 80	-1.06 aVR	2.48 II
2	3 : 0	7.0	2.5	12	131	150 / 80	-1.49 II	3.54 II
Peak Ex	0 : 17	10.2	3.4	14	140	160 / 80	-1.27 aVR	3.54 II
Recovery(1)	1 : 0	1.8	1	0	111	140 / 80	-2.12 III	4.25 III
Recovery(2)	1 : 0	1.0	0	0	84	130 / 80	-0.85 III	2.12 II
Recovery(3)	0 : 6	1.0	0	0	85	130 / 80	-0.85 III	1.42 II

Interpretation

FAIR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE, THR NOT ACHIEVED, TEST
 STOPPED DUE TO FATIGUE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS INCONCLUSIVE FOR STRESS INDUCIBLE
 ISCHAEMIA i/v/o THR NOT ACHIEVED

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.


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

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)

Doctor: DR. RAVI CHAVAN
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 52 s **HR: 96 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

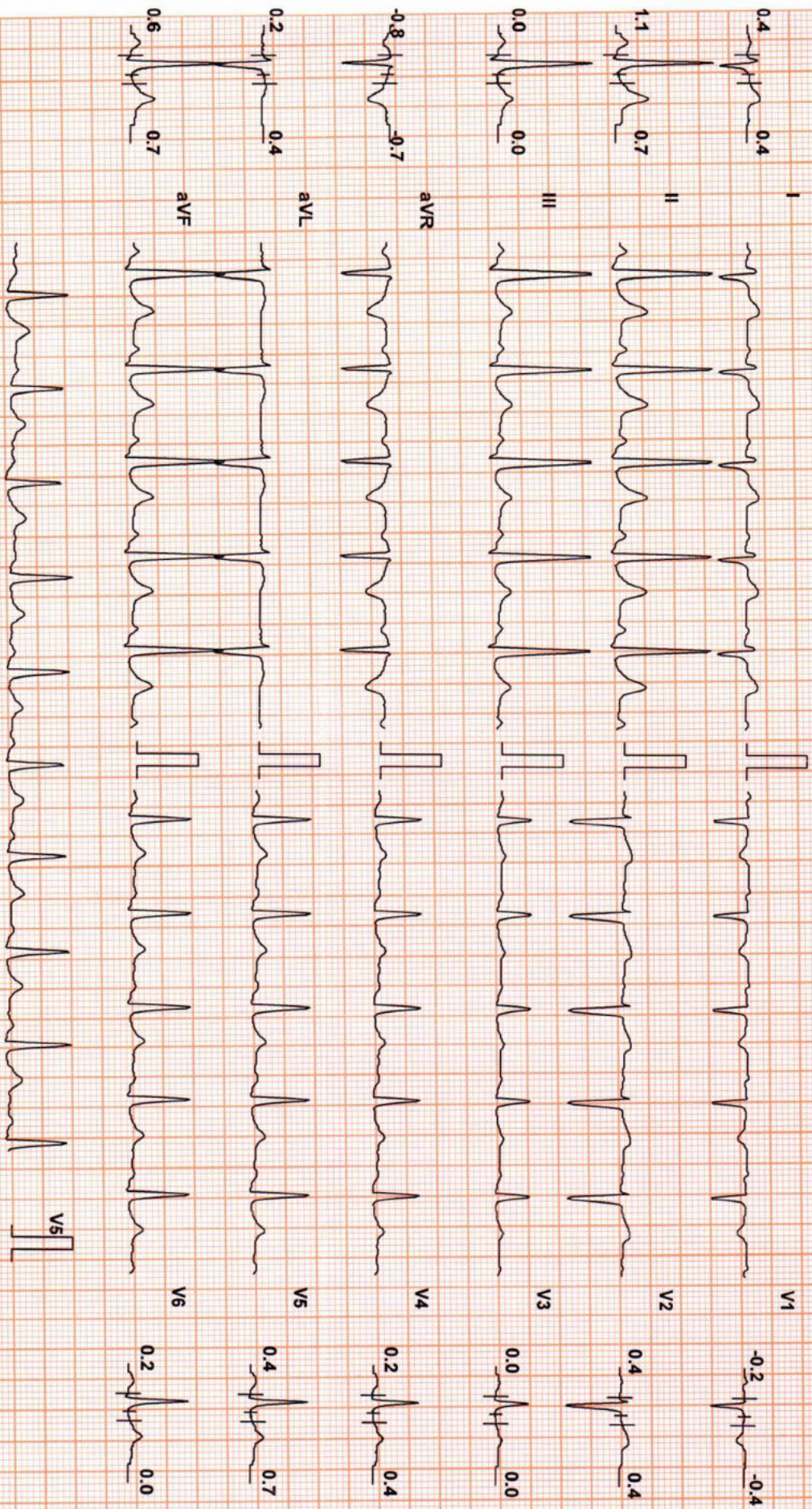


Chart Speed: 25 mm/sec
Schiller Spandax V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 89 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

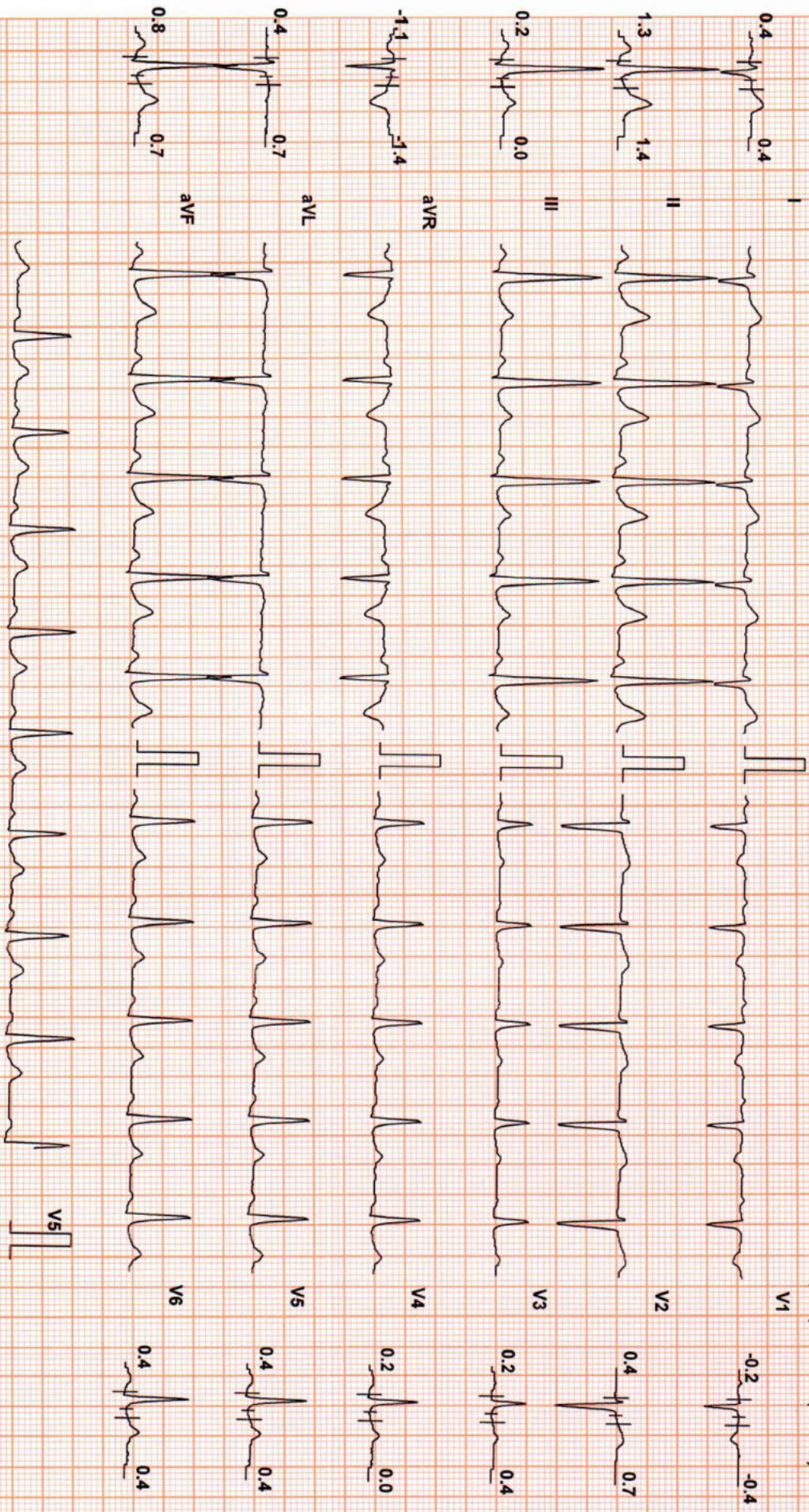


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 86 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P: 130 / 80

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

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

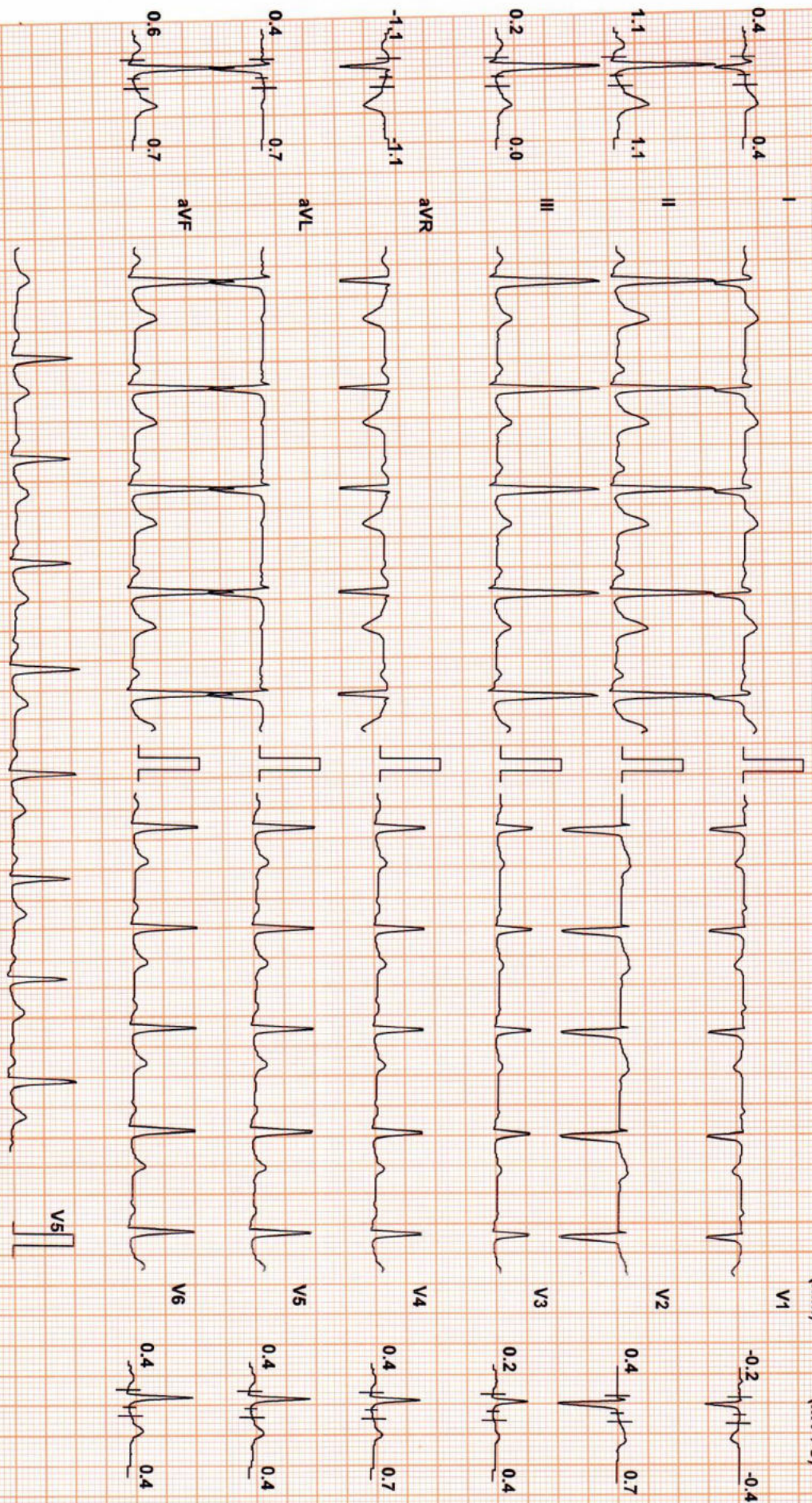


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 134 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150 / 80

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

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

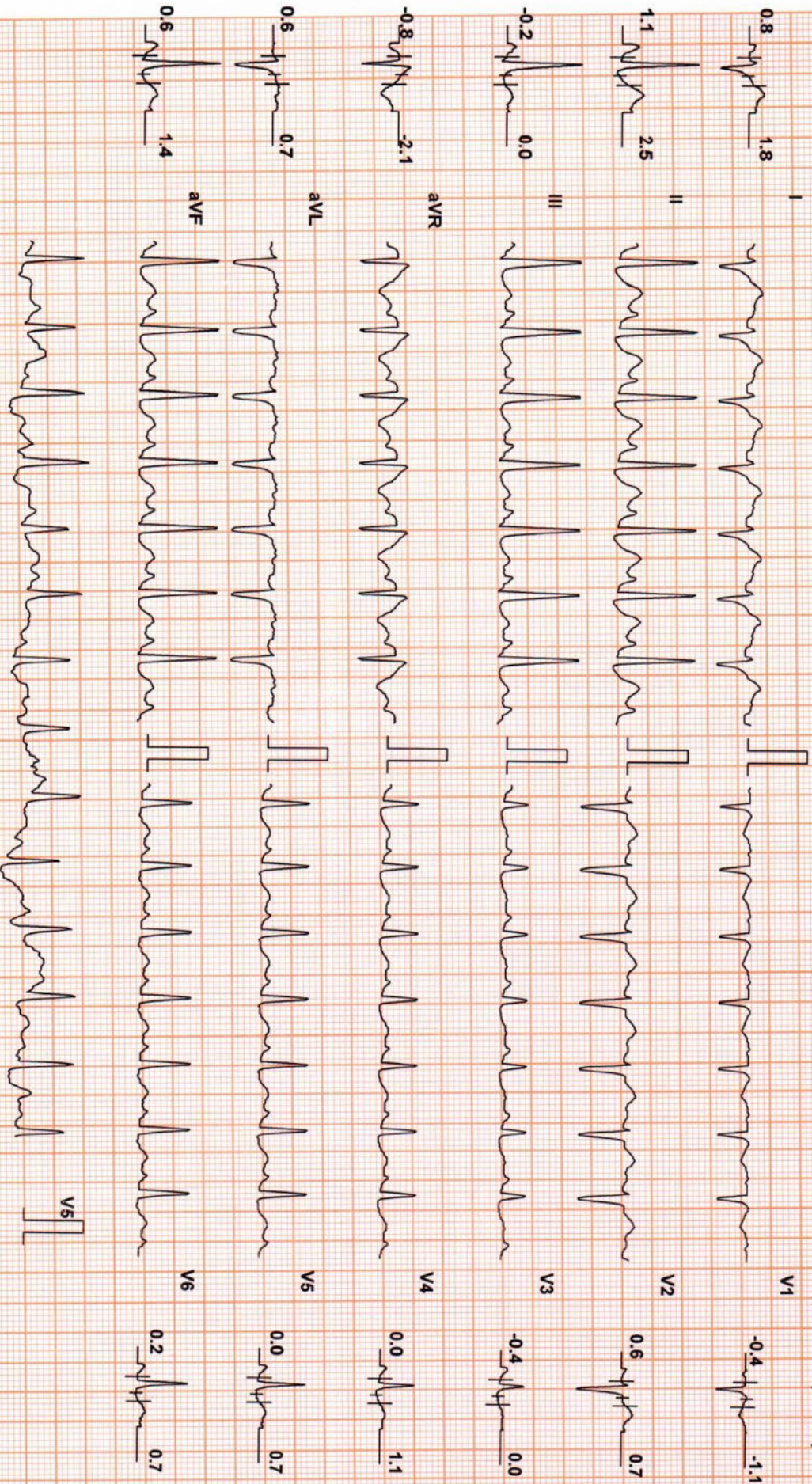


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V4.7

Linked Median



MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 6 m 11 s Stage Time : 0 m 11 s **HR: 134 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P: 160 / 80

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

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

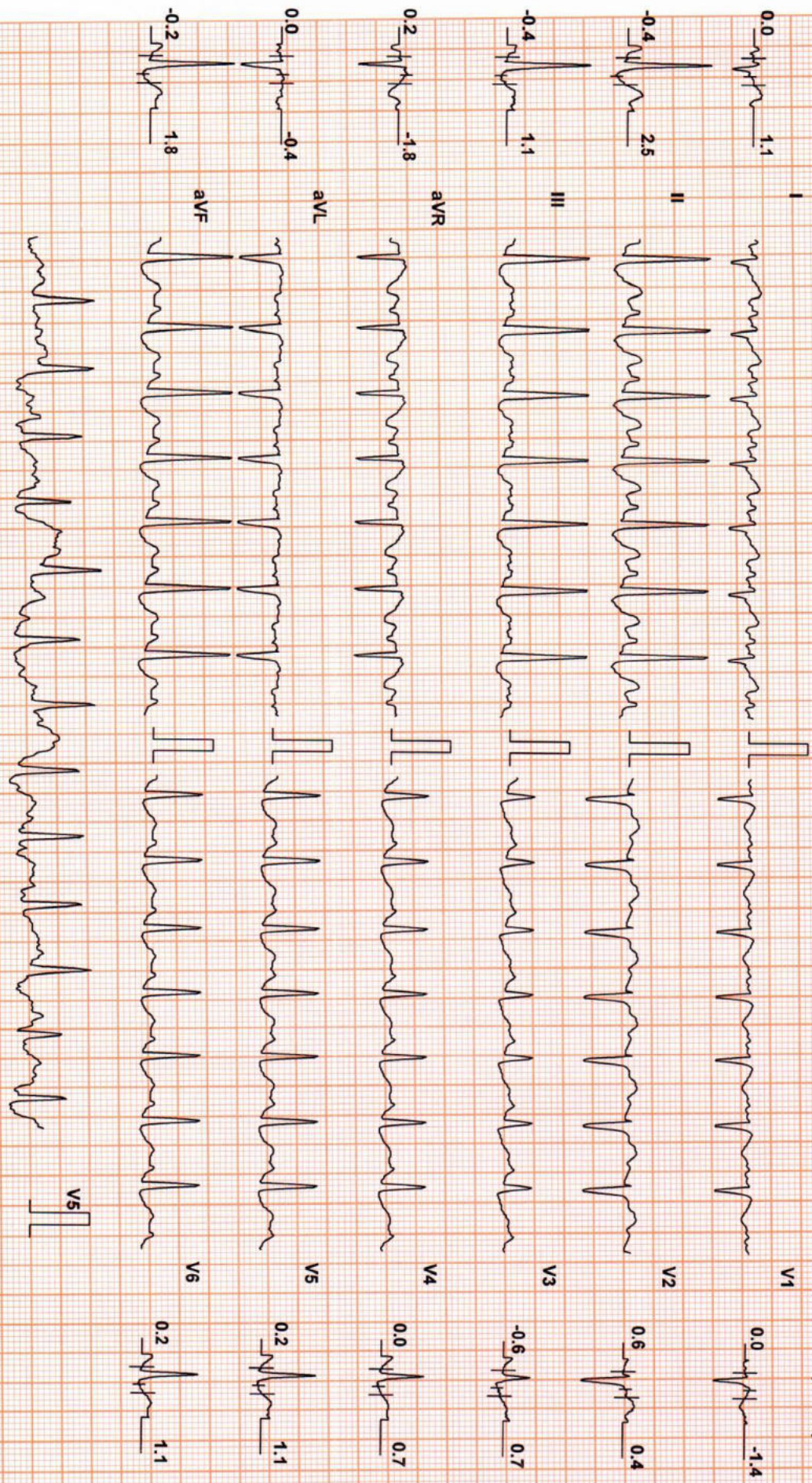


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

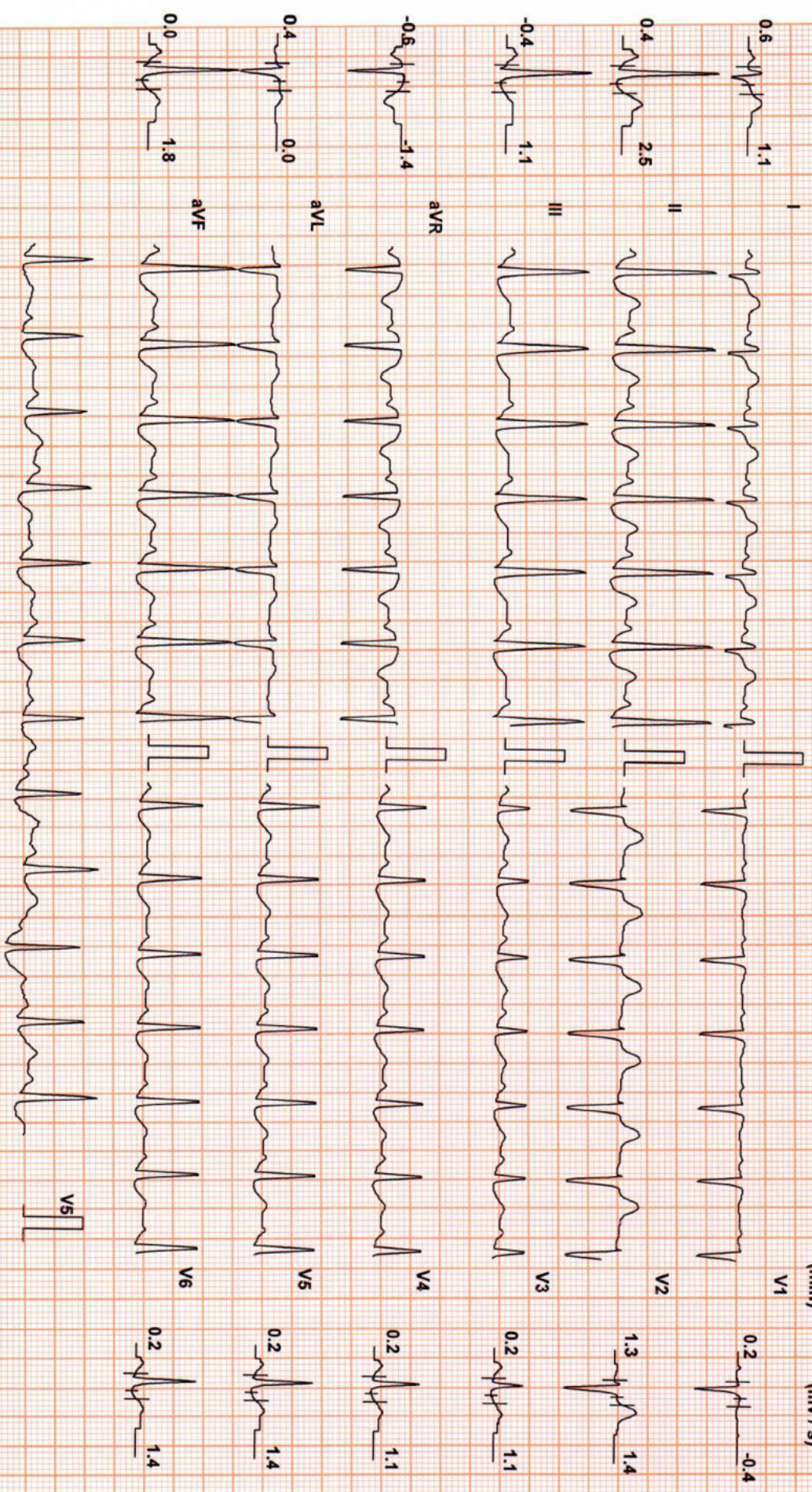


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V.4.7

Linked Median



MOUNIKA KANKAPURAKAR (34 F)

ID: 2308421310

Date: 25-Mar-23

Exec Time : 6 m 17 s Stage Time : 0 m 54 s HR: 86 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

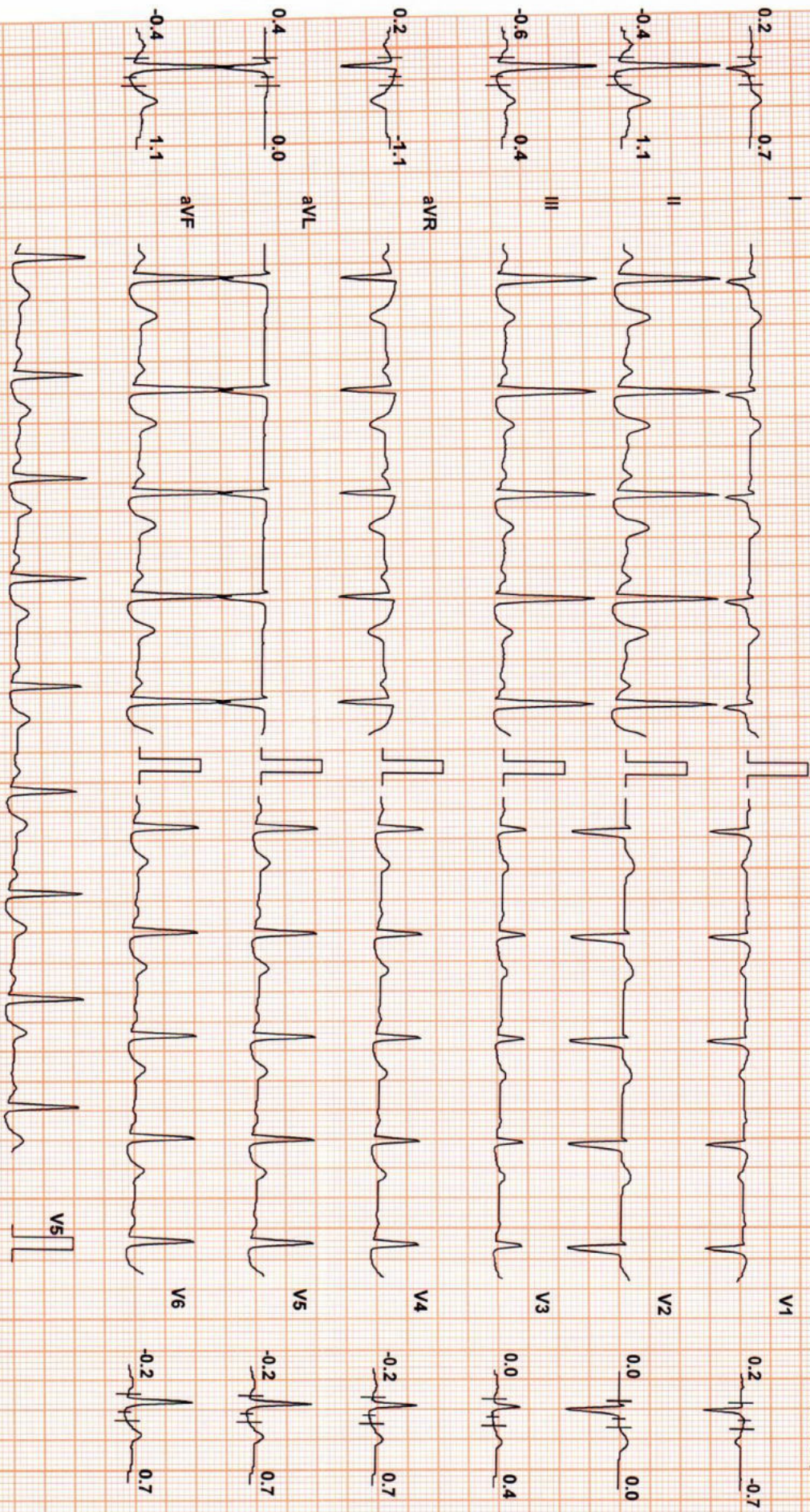


Chart Speed: 25 mm/sec
Schlier Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median