



CID : 2402200366
Name : MRS.ASHWINI CHAVAN
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 22-Jan-2024 / 08:41
Reported : 22-Jan-2024 / 13:41

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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	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.90	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	73	80-100 fl	Calculated
MCH	25.2	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.8	20-40 %	
Absolute Lymphocytes	1961.8	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	
Absolute Monocytes	238.7	200-1000 /cmm	Calculated
Neutrophils	55.6	40-80 %	
Absolute Neutrophils	2885.6	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	93.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	16.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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	88.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.24	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	105	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Enzymatic
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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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

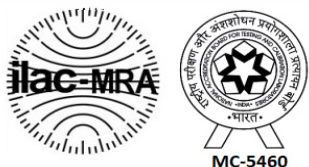
Limitations:

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

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



J. Thakker

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	360.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	28.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.3	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	43.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.4	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	2.98	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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 ***



Bmhasakar

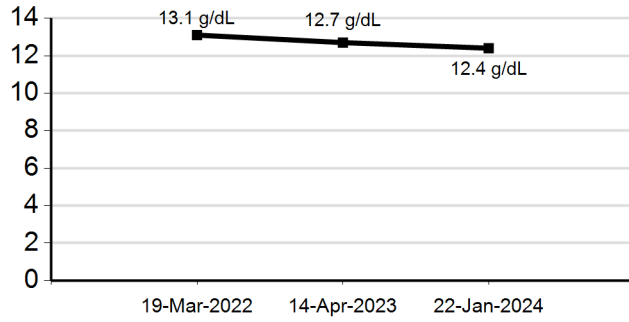
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



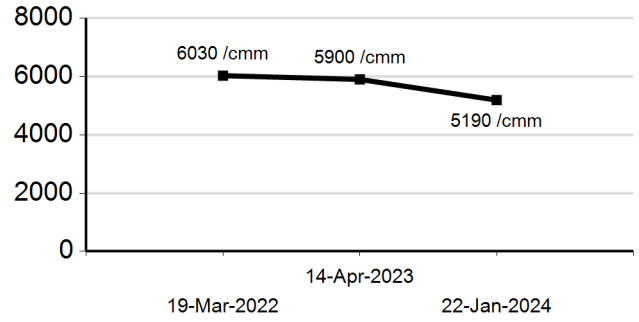
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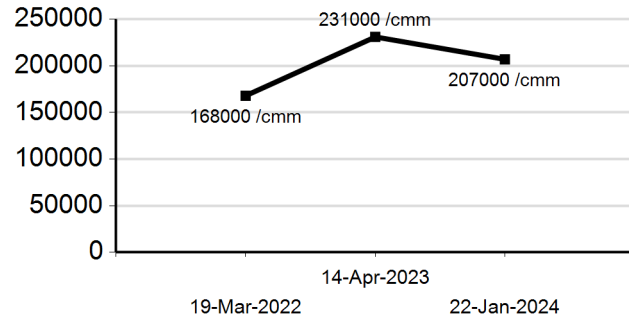
Haemoglobin



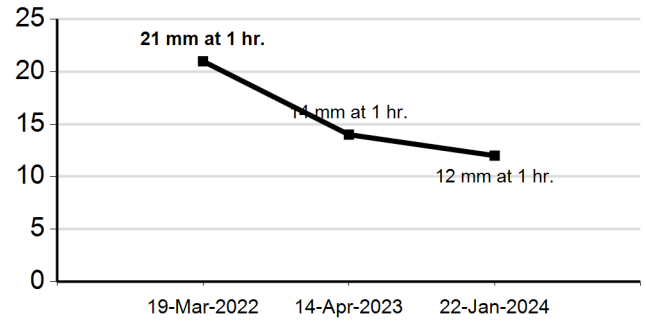
WBC Total Count



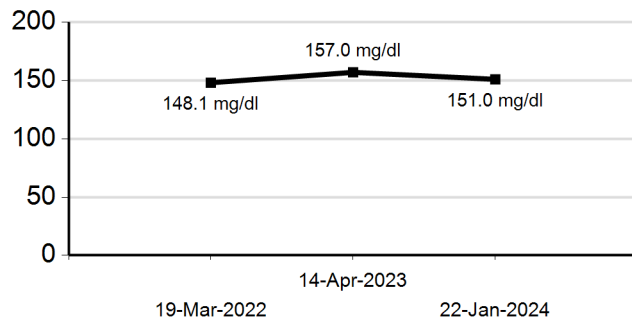
Platelet Count



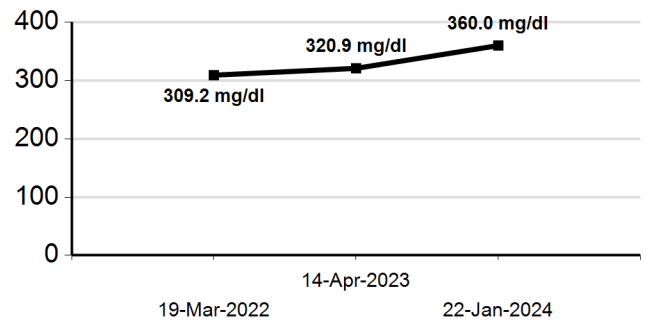
ESR



CHOLESTEROL



TRIGLYCERIDES

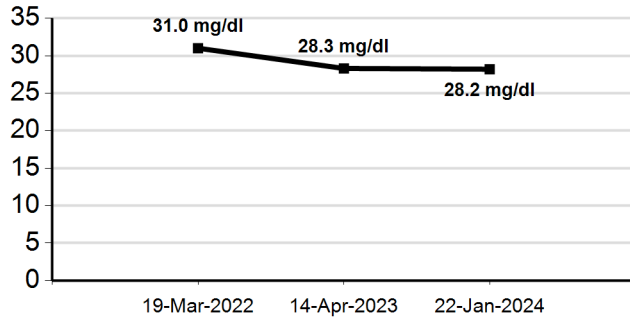




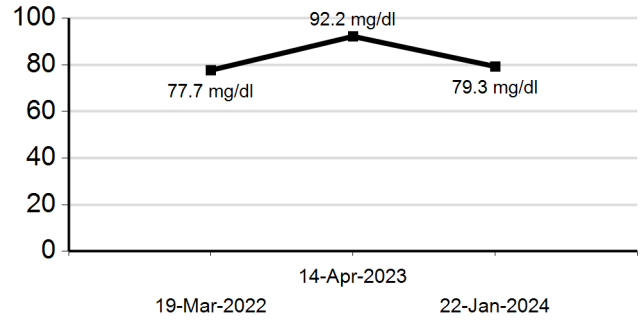
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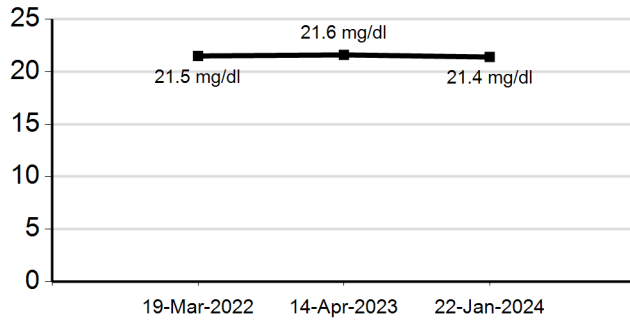
HDL CHOLESTEROL



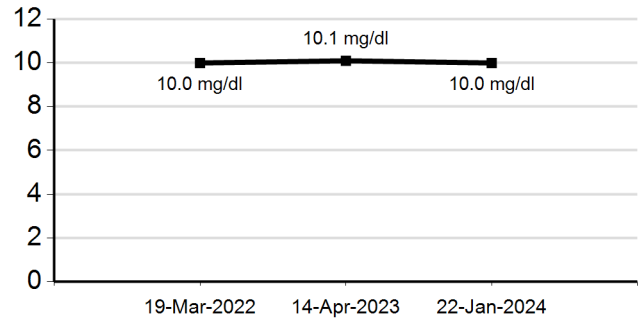
LDL CHOLESTEROL



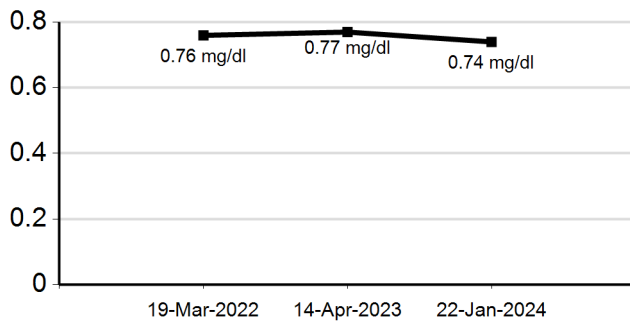
BLOOD UREA



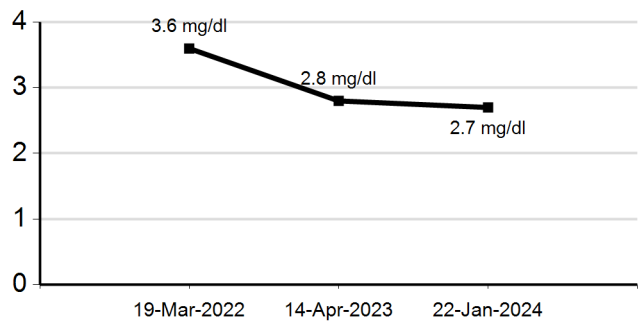
BUN



CREATININE



URIC ACID

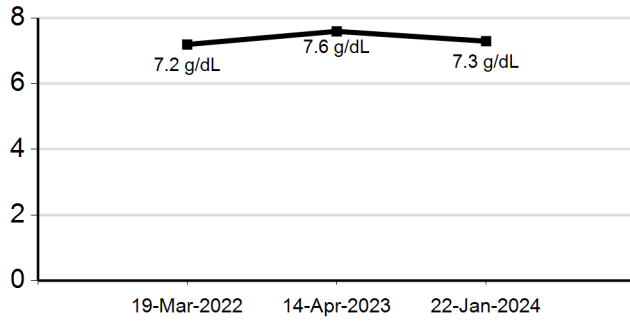




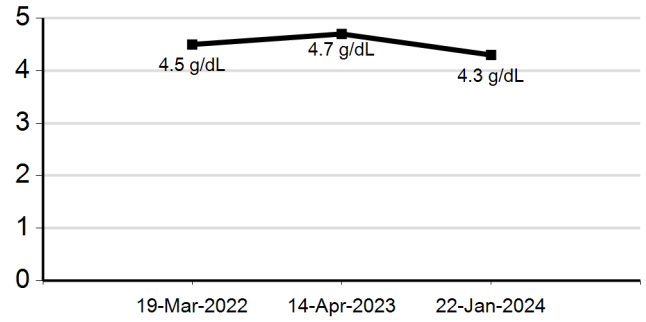
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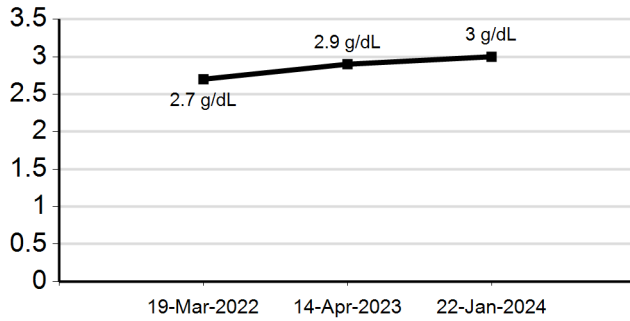
TOTAL PROTEINS



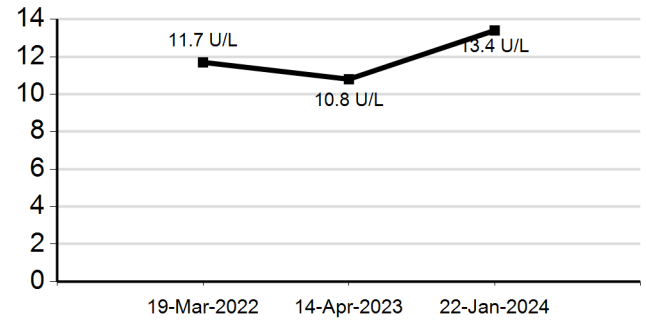
ALBUMIN



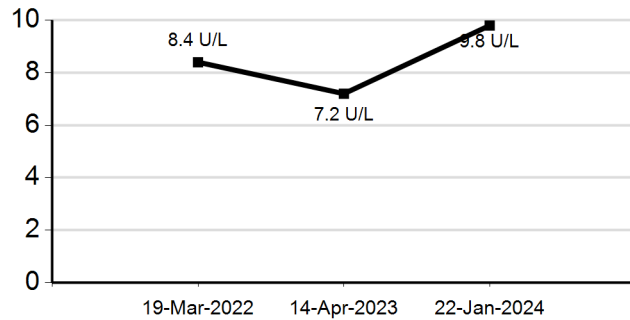
GLOBULIN



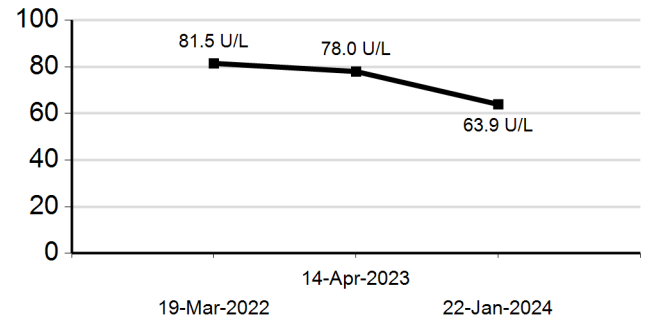
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

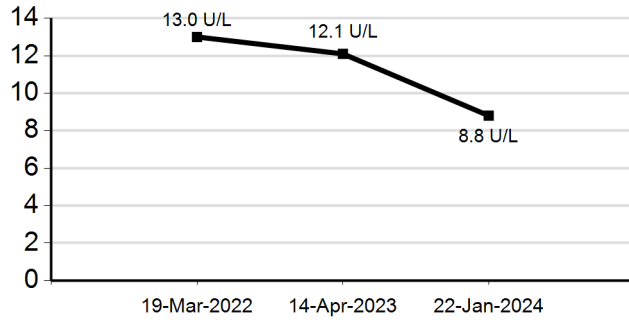




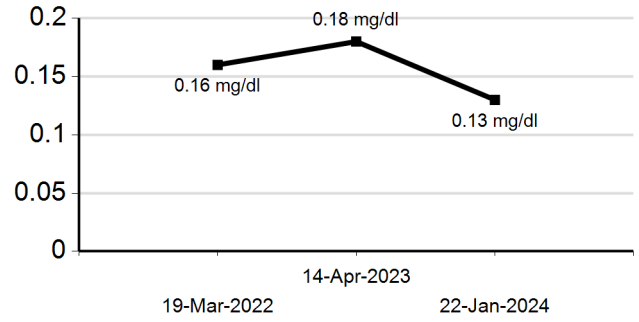
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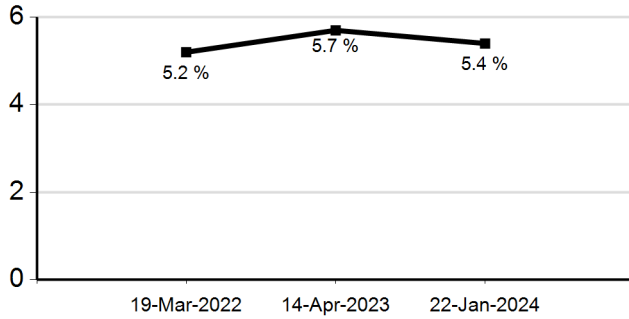
GAMMA GT



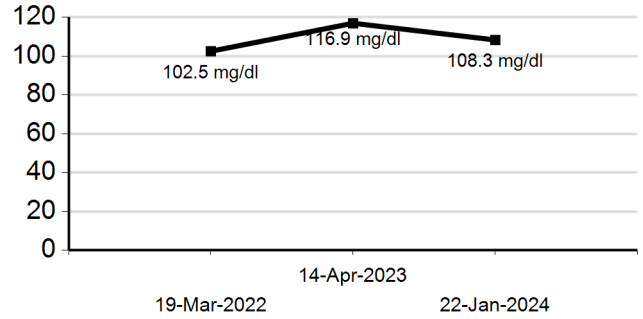
BILIRUBIN (DIRECT)



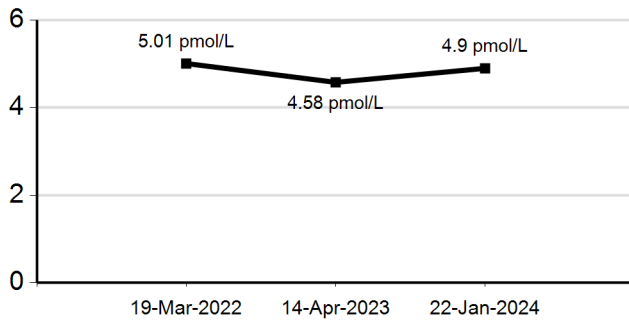
Glycosylated Hemoglobin (HbA1c)



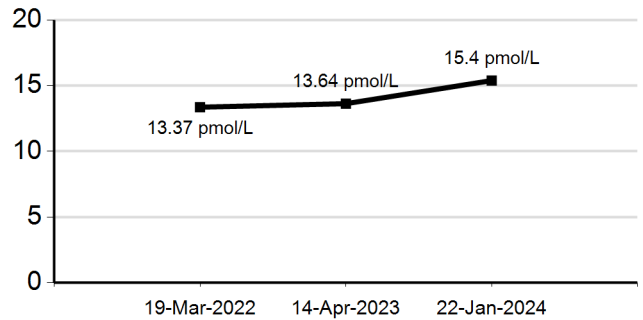
Estimated Average Glucose (eAG)



Free T3



Free T4

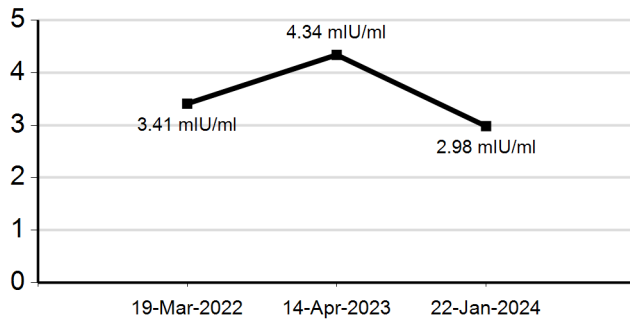




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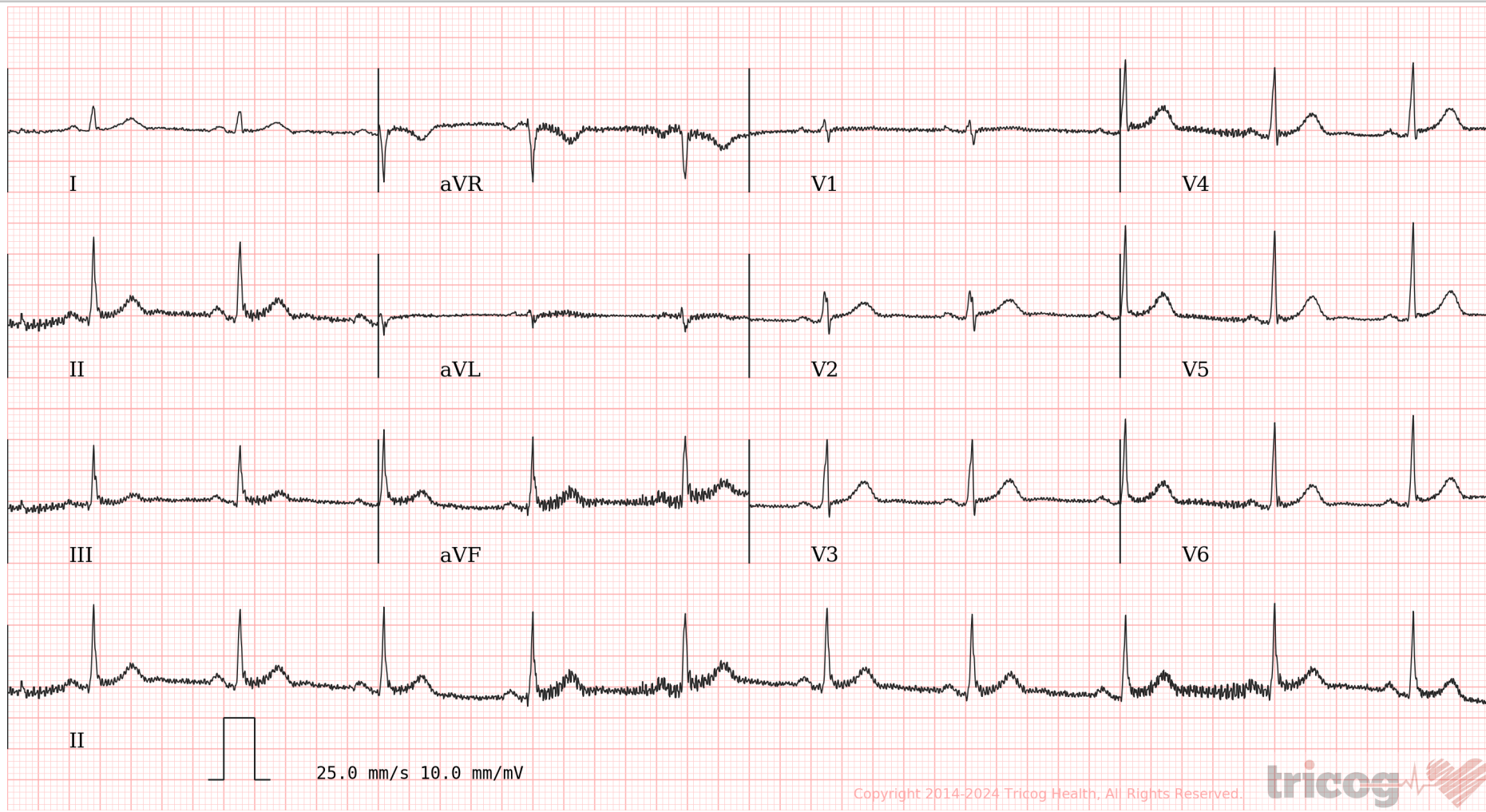
sensitiveTSH



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: ASHWINI CHAVAN
Patient ID: 2402200366

Date and Time: 22nd Jan 24 9:51 AM



Age **39** NA NA
years months days

Gender **Female**

Heart Rate **63bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 69 kg
Height: 158 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 64ms
QT: 392ms
QTcB: 401ms
PR: 150ms
P-R-T: 55° 73° 61°

ECG Within Normal Limits: Sinus Rhythm, Normal axis No other significant ST-T changes. ADV: 2D Echo. Please correlate clinically.

REPORTED BY

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

Name : MRS.ASHWINI CHAVAN

Age / Gender : 39 Years/Female

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected : 22-Jan-2024 / 08:39

Reported : 23-Jan-2024 / 08:35

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 158
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 66/min

Weight (kg): 69
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

B+ve

IMPRESSION:

*- MT - WNL
Lipid Profile - S. Triglyceride - v. High - 360.0
CBC, R's chemistry all WNL*

ADVICE:

*Expert consultation -
Dr. Choudhary*

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

for
DR. ANITA CHOUDHARY
M.B.B.S
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Name : MRS.ASHWINI CHAVAN

Age / Gender : 39 Years/Female

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected : 22-Jan-2024 / 08:39

Reported : 23-Jan-2024 / 08:35

- | | |
|--|----|
| 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 | Mixed |
| 4) Medication | No |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor,
Kshiti Building, Above Raymond,
Near Truance Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000

SUBURBAN DIGNOSTICS BHAYANDER

Email:

12347038 (2402200366) / ASHWINI CHAVAN / 40 Yrs / F / 158 Cms / 69 Kg
 Date: 22 / 01 / 2024 09:01:35 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	068	38 %	130/80	088	00	
Standing	00:06	0:02	00.0	00.0	01.0	068	38 %	130/80	088	00	
HV	00:09	0:03	01.7	10.0	01.1	067	37 %	130/80	087	00	
ExStart	00:12	0:03	01.7	10.0	01.1	067	37 %	130/80	087	00	
BRUCE Stage 1	03:12	3:00	01.7	10.0	04.7	099	55 %	140/80	138	00	
BRUCE Stage 2	06:12	3:00	02.5	12.0	07.1	111	62 %	140/80	155	00	
BRUCE Stage 3	09:12	3:00	03.4	14.0	10.2	138	77 %	150/80	207	00	
PeakEx	09:44	0:32	04.2	16.0	10.8	153	85 %	150/80	229	00	
Recovery	10:44	1:00	01.1	00.0	04.2	127	71 %	150/80	190	00	
Recovery	11:44	2:00	00.0	00.0	01.0	100	56 %	140/80	140	00	
Recovery	13:44	4:00	00.0	00.0	01.0	084	47 %	130/80	109	00	
Recovery	13:52	4:07	00.0	00.0	01.0	084	47 %	130/80	109	00	

FINDINGS :

Exercise Time : 09:32
 Initial HR (ExStrt) : 67 bpm 37% of Target 180
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 10.8 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -2.6 mm in PeakEx
 Duke Treadmill Score : 08.1
 Test End Reasons : Test Complete

Max HR Attained : 153 bpm 85% of Target 180
 Max BP Attained : 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Suburban Diagnostics (I) Pvt. Ltd.,
 Katol, Mira Road West, Lower Belmroad,
 Near V.K. Hospital, Mira Bkhy. Road,
 Mira Road West, District Thane - 401 105
 Phone : 022 - 61703000

DR. SMITA VALANI
 MBBS, D. CARDIOLGY
 20110310567

(Signature)
 Doctor : DR. SMITA VALANI

DIAGNOSTICS BHAYANDER

REPORT



2547038 / ASHWINI CHAVAN / 40 Yrs / F / 158 Cms / 69 Kg Date: 22 / 01 / 2024 09:01:35 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
 EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
 FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS (PVT.) LTD.
 Kalyan, Maharashtra
 Near, T. N. Park, Kalyan, Maharashtra
 Mira Road (East) Dist. Thane, Maharashtra
 Phone : 022 - 61760000

DR. SMITA VALANI
 MBBS, D. CARDIOLOGY
 251103/0567

Smita Valani
 Doctor: DR. SMITA VALANI

Date:- 22/1/24
 Name:- Ashwini Chavan
 CID: 2402200366
 Sex / Age: 39/F

(EYE CHECK UP)

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
 RE CR
 6/6 6/9
 N/G N/G

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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 Shop No. 9, 101 to 105, Skyline Wealth Space Building,
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 Phone: 022-61700000



भारत सरकार
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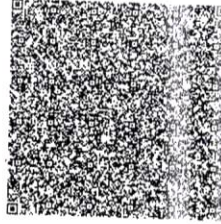
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00829/96149

To
अश्विनी शहाजी चव्हाण
Ashwini Shahaji Chavan
E 430 Delta Vrindavan
M.I.D.C. Road, Mahajanwadi
Mira Road East
Mira-Bhayander
Thane Maharashtra - 401107
9822769637

Signature valid

Digitally signed by Ashwini Shahaji Chavan
Unique Identification Authority of India
Date: 2023.05.07 05:44 UTC



आपका आधार क्रमांक / Your Aadhaar No. :

5471 8523 1228

VID : 9171 2386 0279 0875

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

Issue Date: 23/06/2012



अश्विनी शहाजी चव्हाण
Ashwini Shahaji Chavan
जन्म तिथि/DOB: 20/02/1984
महिला/ FEMALE

5471 8523 1228

VID : 9171 2386 0279 0875

मेरा आधार, मेरी पहचान

DR. ANITA CHAUDHARY
CONCERNED PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (PVT.) LTD.
Shop No. 101, 102, 103, 104, 105
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Ashwini

SUBURBAN DIGNOSTICS BHAYANDER

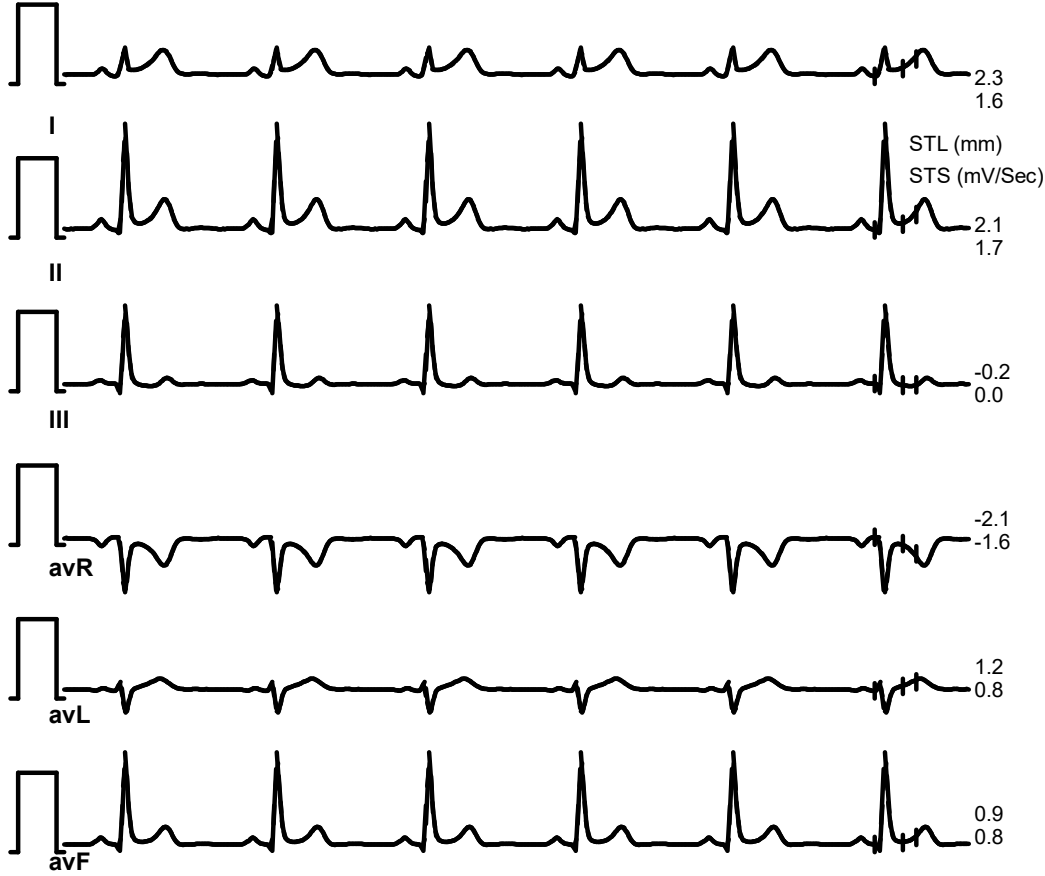
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Standing(0:03)



Date: 22 / 01 / 2024 09:01:35 AM METs : 1.0 HR : 68 Target HR : 38% of 180 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

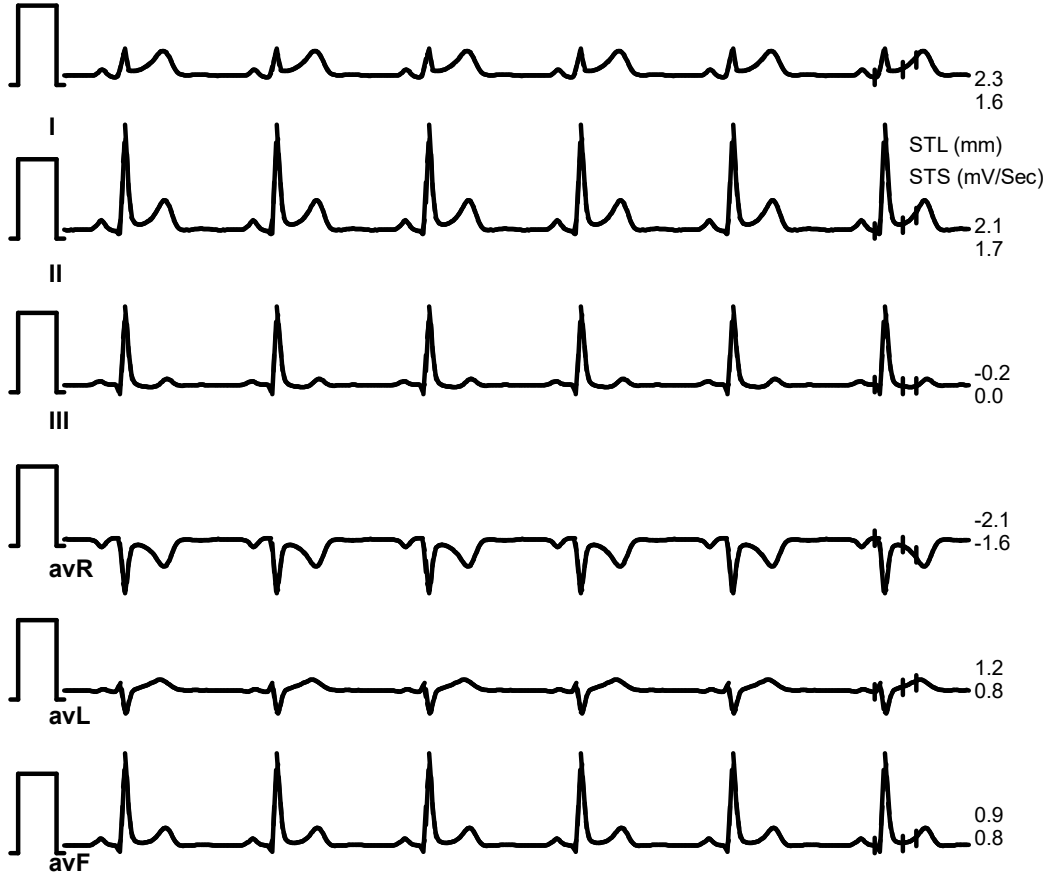
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:HV(0:04)



Date: 22 / 01 / 2024 09:01:35 AM METs : 1.1 HR : 67 Target HR : 37% of 180 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

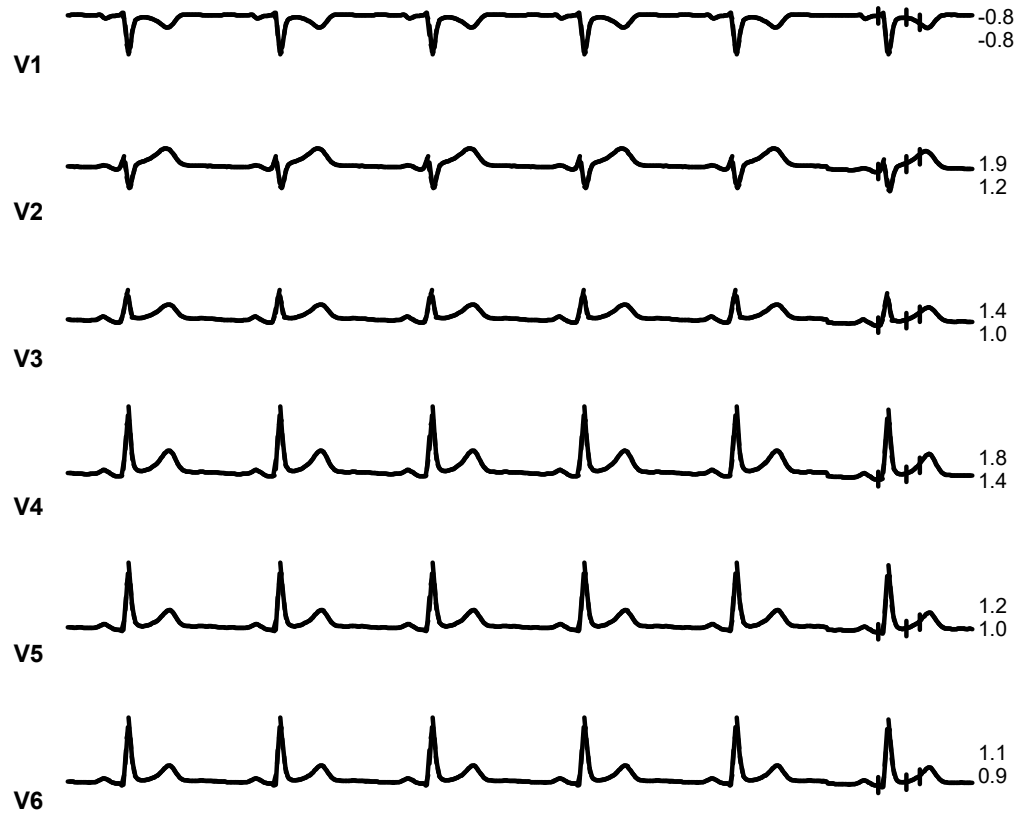
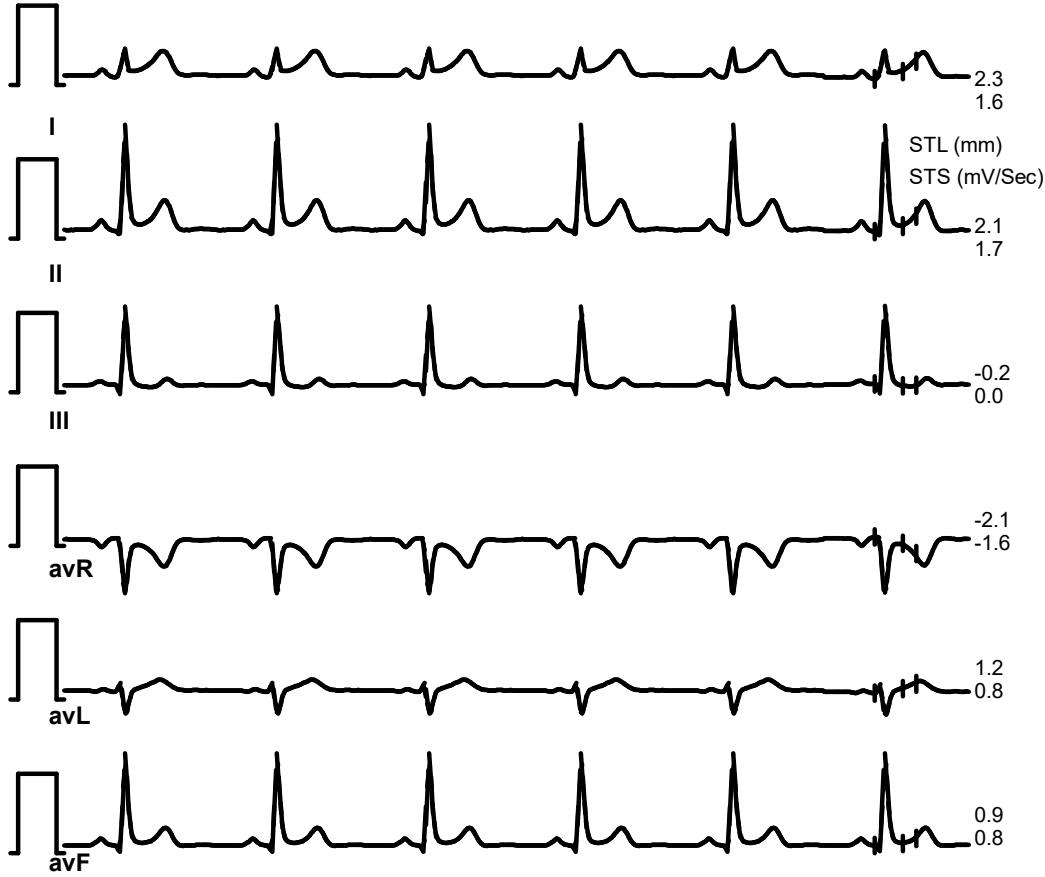
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
ExStart



Date: 22 / 01 / 2024 09:01:35 AM METs : 1.1 HR : 67 Target HR : 37% of 180 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 1(3:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 4.7 HR : 99 Target HR : 55% of 180 BP : 140/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

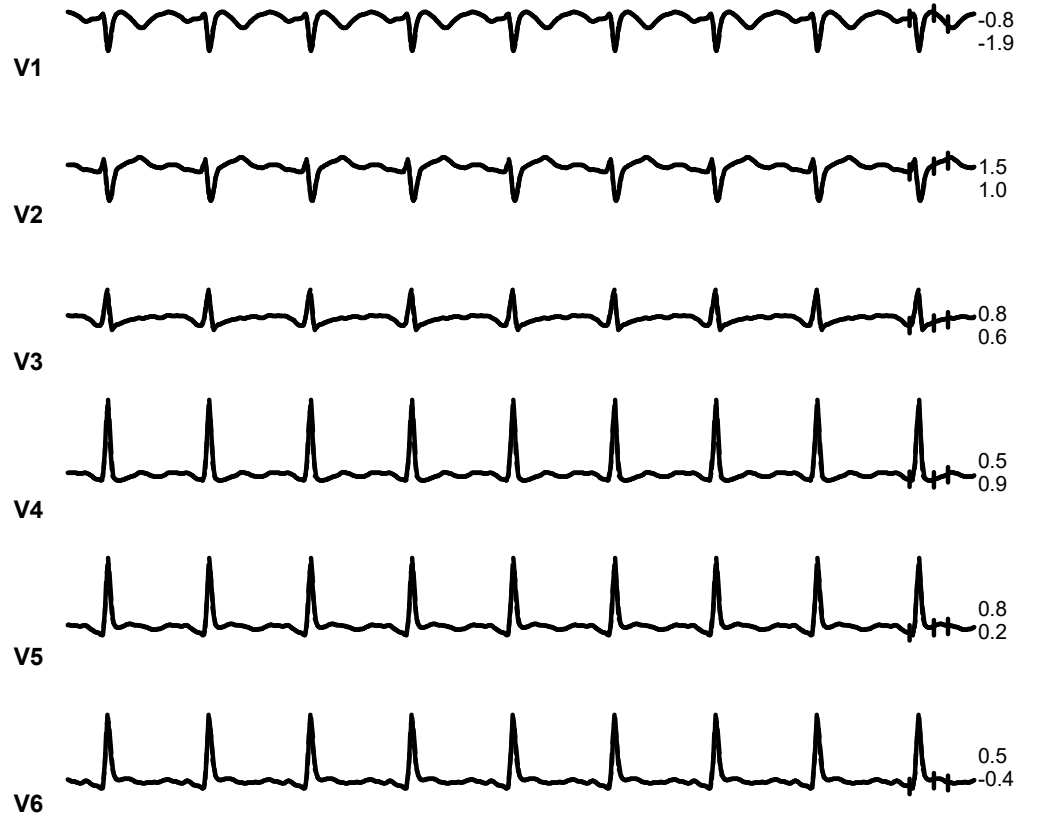
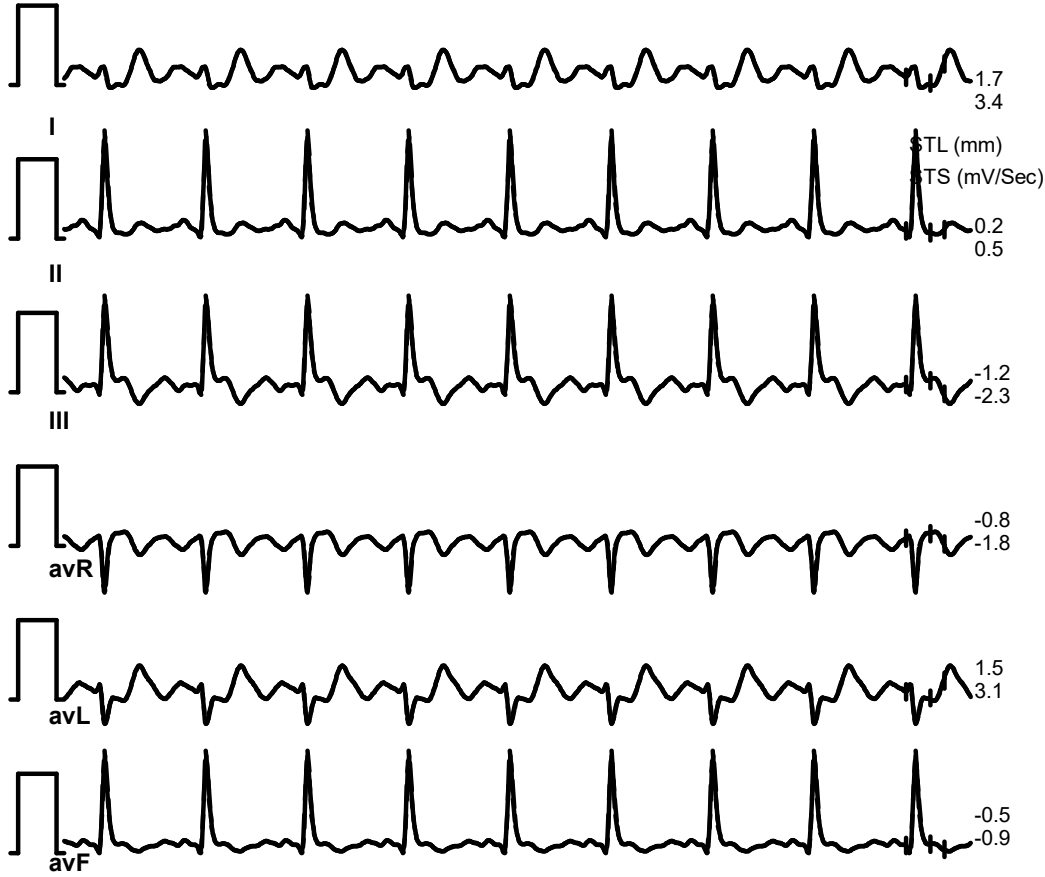
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 2(3:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 7.1 HR : 111 Target HR : 62% of 180 BP : 140/80 Post J @70mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

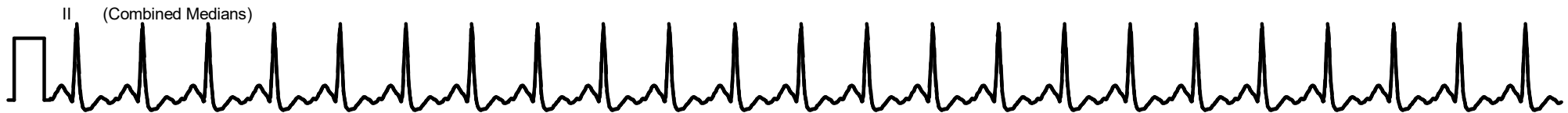
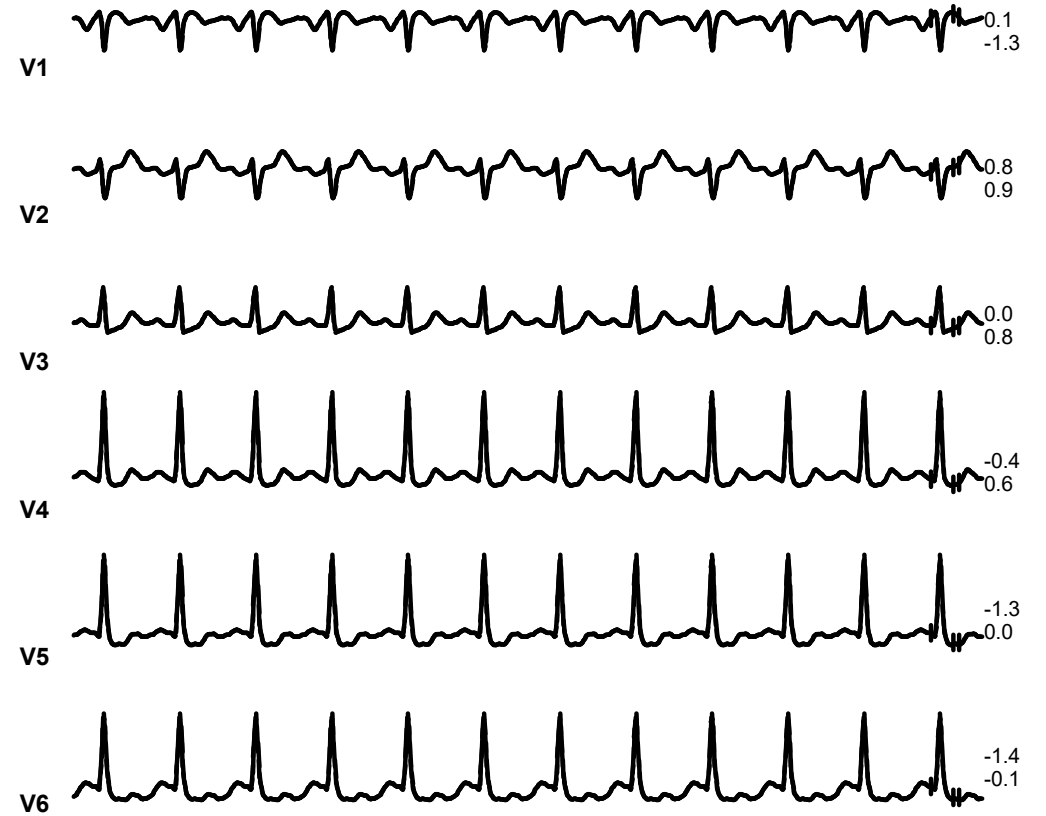
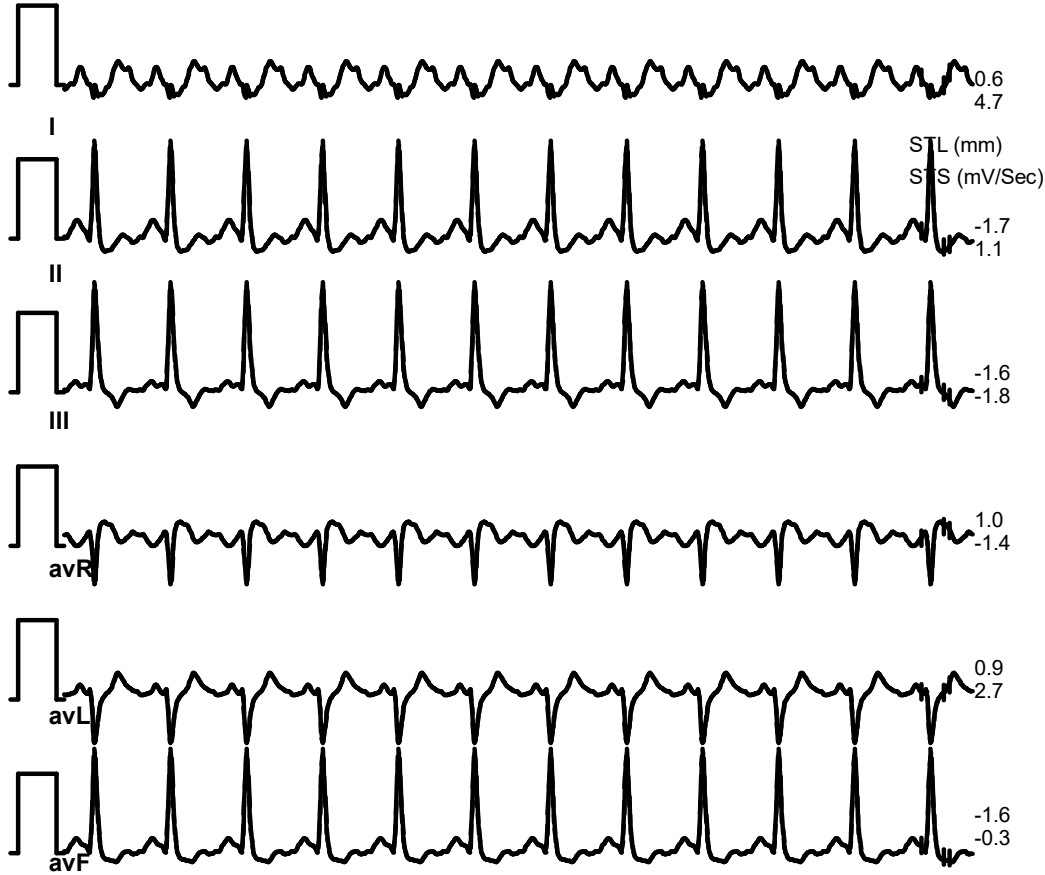
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 3(3:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 10.2 HR : 138 Target HR : 77% of 180 BP : 150/80 Post J @30mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

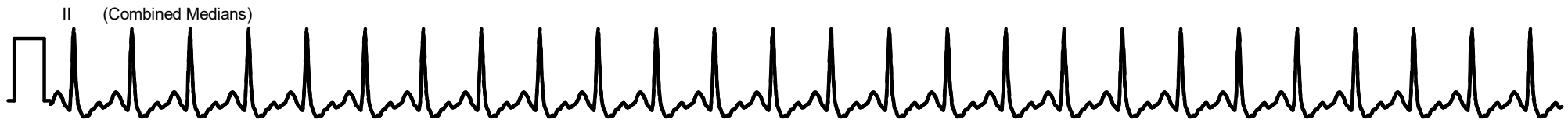
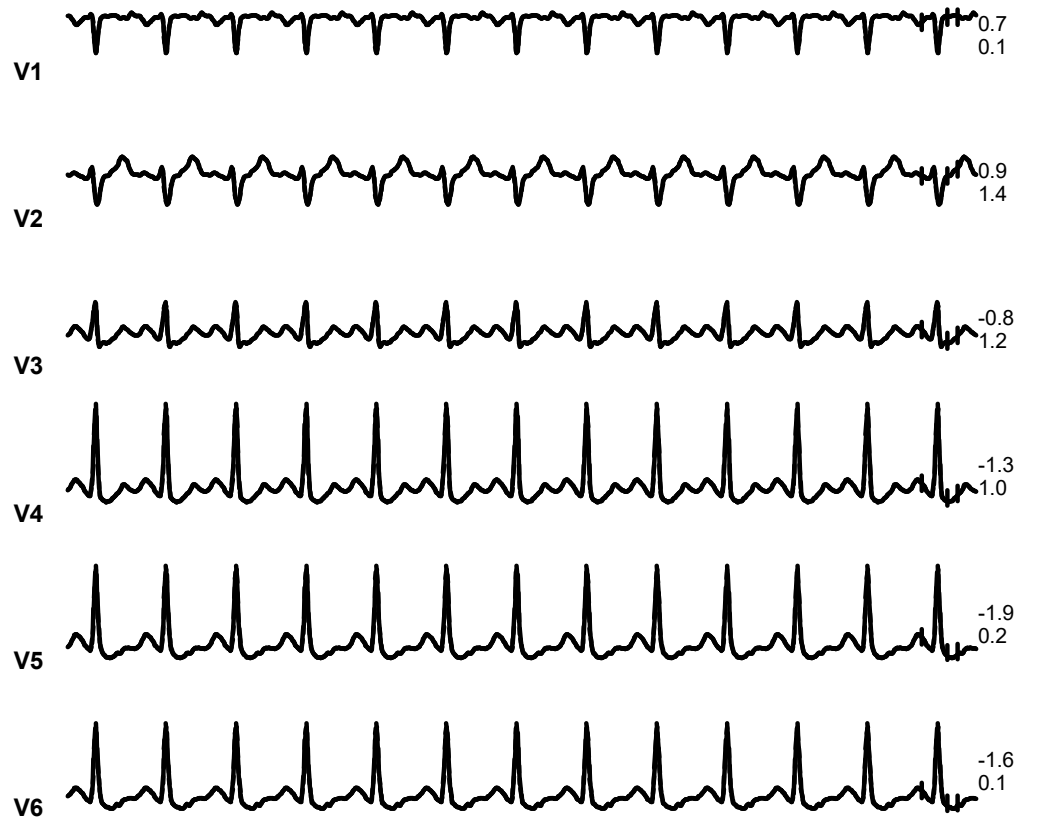
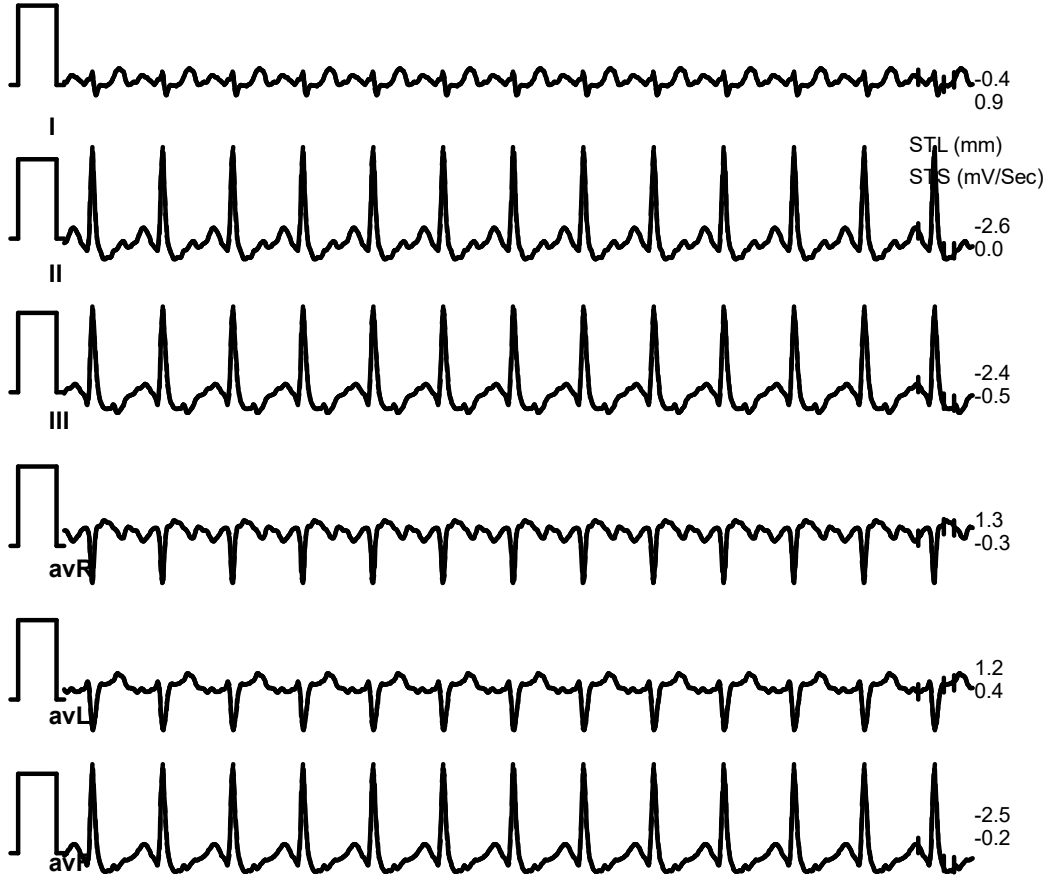
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 22 / 01 / 2024 09:01:35 AM METs : 10.8 HR : 153 Target HR : 85% of 180 BP : 150/80 Post J @60mSec

ExTime: 09:32 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

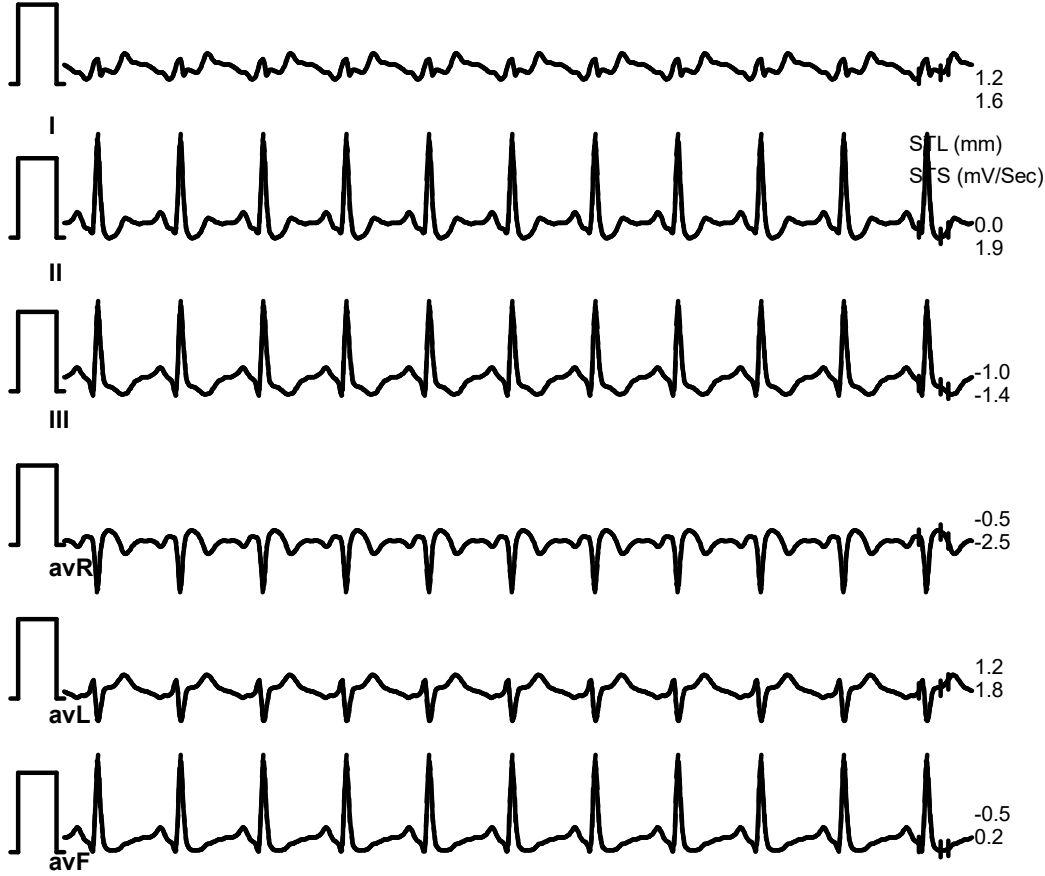
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(1:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 4.2 HR : 127 Target HR : 71% of 180 BP : 150/80 Post J @40mSec

ExTime: 09:32 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

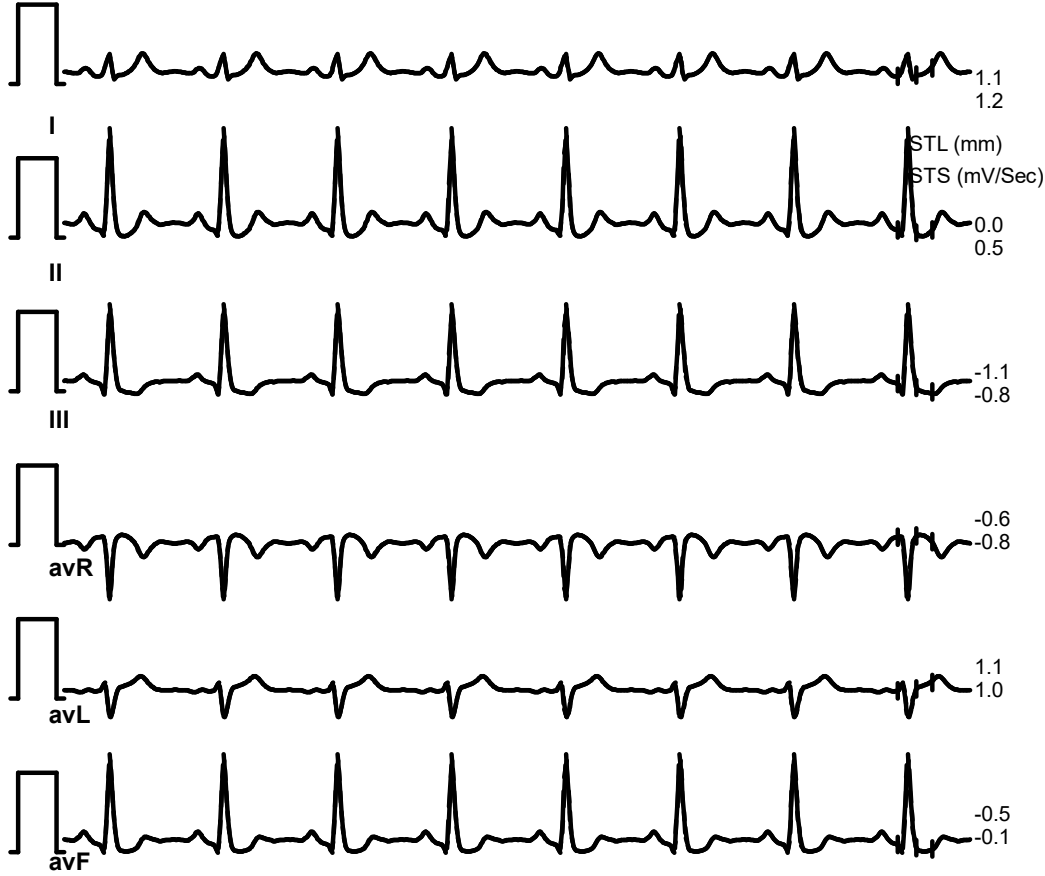
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(2:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 1.0 HR : 100 Target HR : 56% of 180 BP : 140/80 Post J @80mSec

ExTime: 09:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

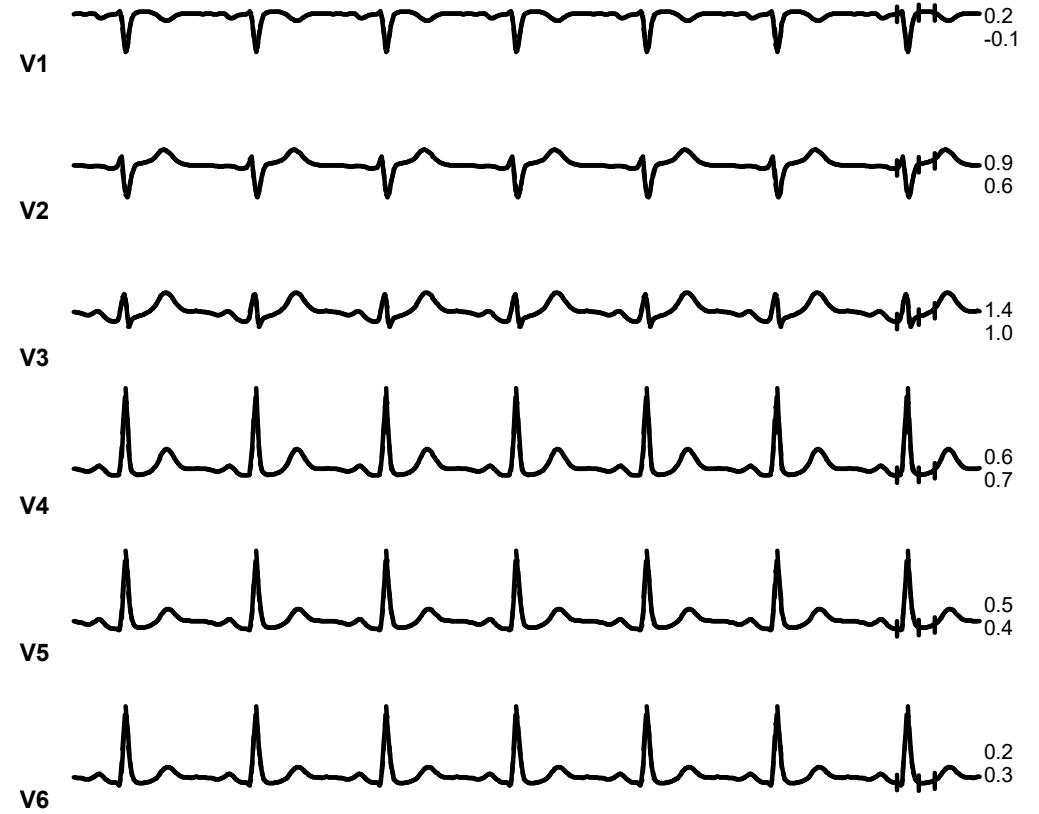
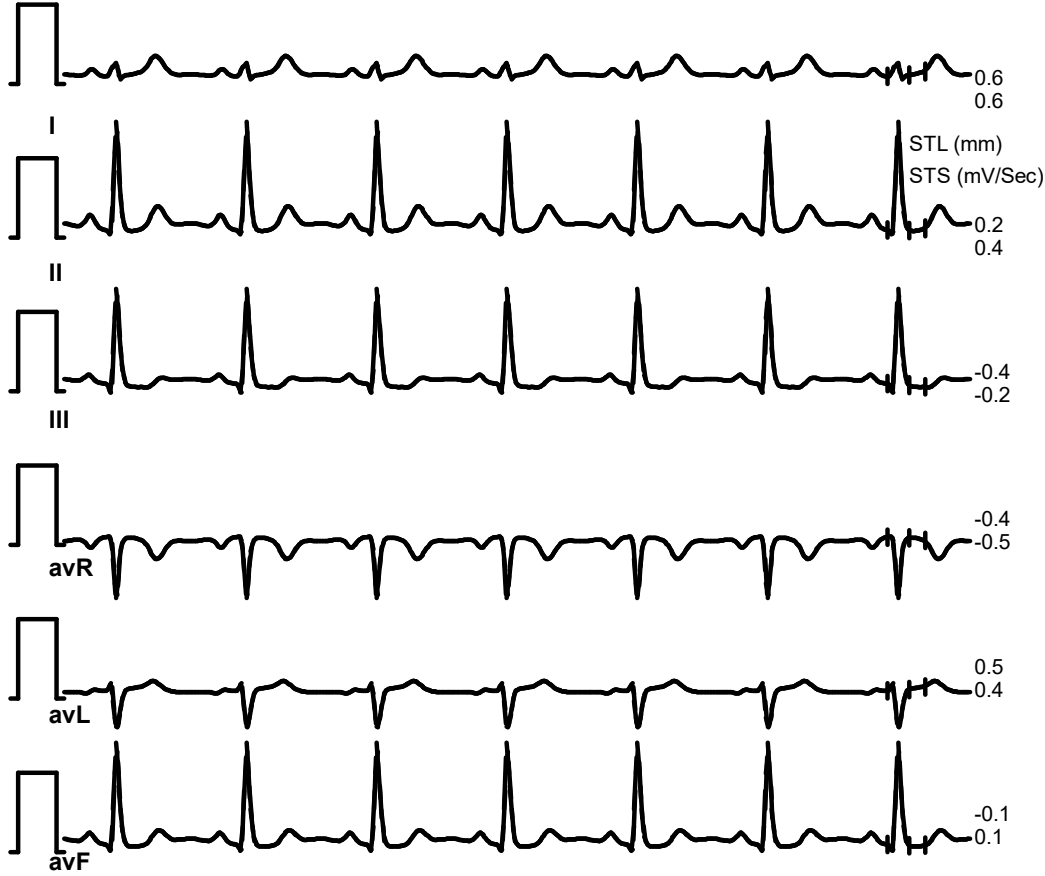
12347038 / ASHWINI CHAVAN / 40 Yrs / Female / 158 Cm / 69 Kg

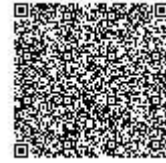
6X2 Combine Medians + 1 Rhythm
Recovery(4:00)



Date: 22 / 01 / 2024 09:01:35 AM METs : 1.0 HR : 84 Target HR : 47% of 180 BP : 130/80 Post J @80mSec

ExTime: 09:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Use a QR Code Scanner
Application To Scan the Code

CID : 2402200366
Name : Mrs ASHWINI CHAVAN
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 22-Jan-2024
Reported : 23-Jan-2024/08:50

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.

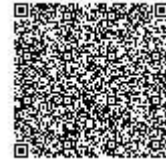
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2402200366
Name : Mrs ASHWINI CHAVAN
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