

PHYSICAL EXAMINATION REPORT

Patient Name	Prashanti Gaykar	Sex/Age	F / 26 yrs
Date	2/10/21	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	(2)
Weight (kg):	61.2	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ↓ Hb, low HDL, Left ovarian cyst
Non specific ST & T wave Abnormality

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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Advice:

- Iron supplement
- Gynaec consultation
- Regular Exercise

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	- LSCS, D&C
17)	Musculoskeletal System	- Nil

PERSONAL HISTORY:

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

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Name : Prashanti Gaykar
Date : 2/10/21

ENT Examination

History: Nil


Examination : Right :- Left :-
External Ear :- (N) (N)
Middle Ear :- TM - Intact (+)
(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

Nose and Paranasal sinuses :-

Throat :-

Speech :-

-ve
NAD


Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

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Date: 12/10/21

CID:

Name: Preshant, Gaikwad

Sex / Age: /

EYE CHECK UP

Chief complaints: R-CV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RE 6/9 NV RE 1-6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Normal Vision

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Application To Scan the Code

CID : 2127554503
Name : MRS.PRASHANTI GAYKAR
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 11:00
Reported : 02-Oct-2021 / 18:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.3	36-46 %	Measured
MCV	71	80-100 fl	Calculated
MCH	22.3	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.3	20-40 %	
Absolute Lymphocytes	3101.0	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	427.0	200-1000 /cmm	Calculated
Neutrophils	47.0	40-80 %	
Absolute Neutrophils	3290.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	182.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	285000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	Mild		
Macrocytosis	-		

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Reported : 02-Oct-2021 / 12:42

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 16 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	103.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	18.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.1	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	81.7	35-105 U/L	PNPP
BLOOD UREA, Serum	5.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	2.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	115	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Uricase

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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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Reported : 02-Oct-2021 / 14:45

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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.

Refernces:

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	142.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	91.2	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	36.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	18.3	< /= 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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MC-2427



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Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



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Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 11:00
Reported : 02-Oct-2021 / 12:42

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	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	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	2.76	0.35-5.5 microu/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 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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MC-2427



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Pathologist

CID	: 2127554503	SID	: 177804264594
Name	: MRS.PRASHANTI GAYKAR	Registered	: 02-Oct-2021 / 10:57
Age / Gender	: 26 Years/Female	Collected	: 02-Oct-2021 / 10:57
Ref. Dr	: -	Reported	: 02-Oct-2021 / 14:25
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 02-Oct-2021 / 14:30

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
No hilar abnormality is seen.
The cardiac size and shape are within normal limits.
The aorta shows normal radiological features.
The trachea is central.
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. Patil
Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST

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Reported : 02-Oct-2021 / 14:25
Printed : 02-Oct-2021 / 15:10

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.1 x 3.2 cm. Left kidney measures 9.1 x 3.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is retroverted and measures 7.1 x 3.7 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.8 mm. Cervix appears normal.

OVARIES:

The right ovary measures 1.9 x 1.9 x 3.0 cm and ovarian volume is 5.7 cc. **(Normal)**

The left ovary measures 3.0 x 4.4 x 4.2 cm and ovarian volume is 30.4 cc. **(Bulky)**

A simple cyst measuring 2.4 x 2.6 cm is noted within the left ovary.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

CID : 2127554503
Name : MRS.PRASHANTI GAYKAR
Age / Gender : 26 Years/Female
Ref. Dr : -
Reg.Location : G B Road, Thane West (Main Centre)

SID : 177804264594
Registered : 02-Oct-2021 / 10:57
Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 14:25
Printed : 02-Oct-2021 / 15:10

IMPRESSION:

- BULKY LEFT OVARY WITH SIMPLE CYST.

Advice: Clinical co-relation and further evaluation.

*** End Of Report ***

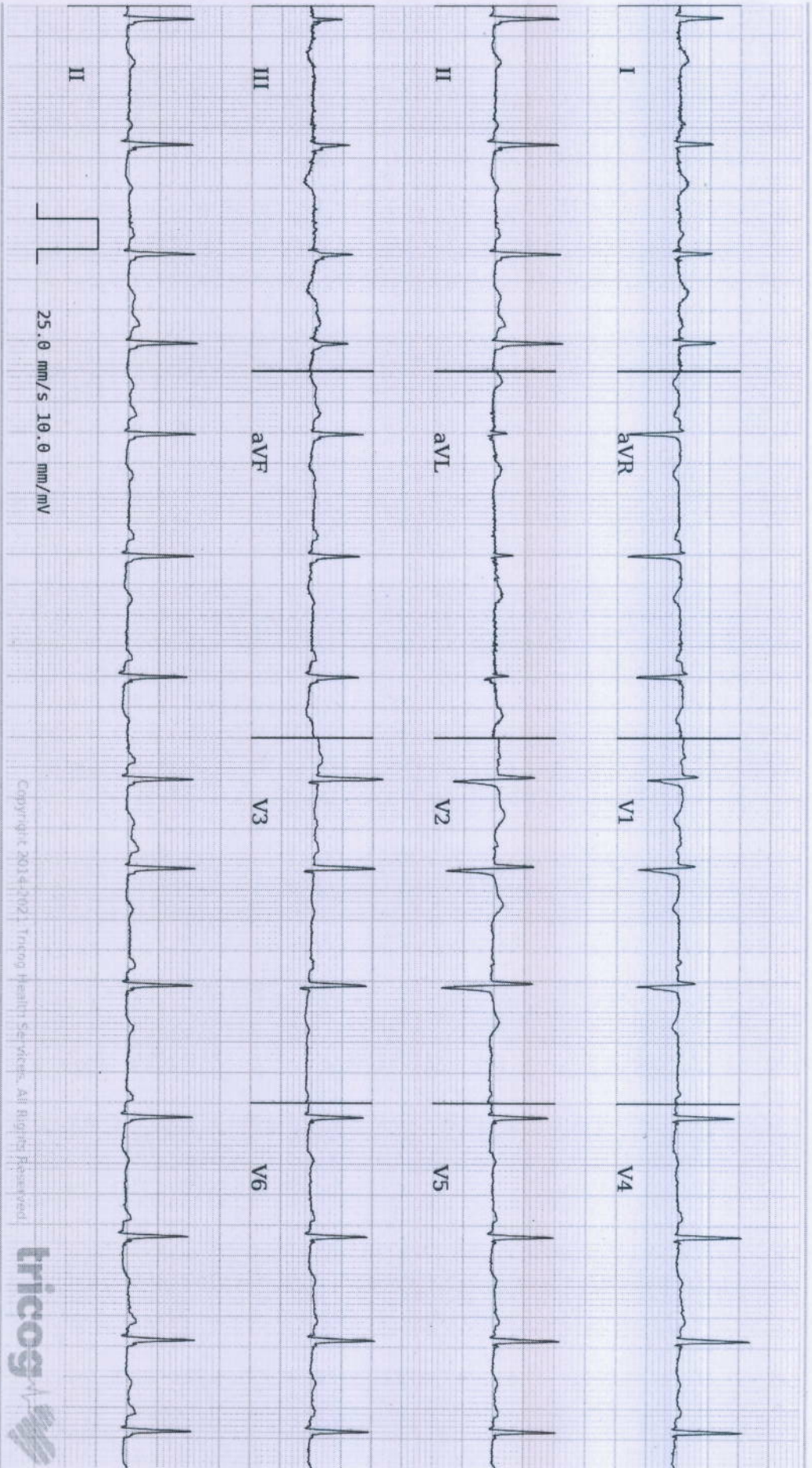
D.Patil
Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Page:2 of 2



Age 26 6 0
years months days

Gender **Female**

Heart Rate **84 bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 61 kg
Height: 155 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 78 ms
QT: 386 ms
QTc: 456 ms
PR: 148 ms
P-R-T: 63° 60° -10°

Sinus Rhythm, Normal Axis, with Sinus Arrhythmia, Nonspecific ST and T wave Abnormality. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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.

SUBURBAN DIAGNOSTICS GB RD THANE

Patient Details **Date:** 02-Oct-21 **Time:** 12:36:56 PM
Name: PRASHANTI GAYKAR ID: 2127554503
Age: 26 y **Sex:** F **Height:** 155 cms **Weight:** 61 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 194 bpm **THR:** 174 (90 % of Pr.MHR) bpm
Total Exec. Time: 7 m 6 s **Max. HR:** 165 (85% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 24750 mmHg/min **Min. BP x HR:** 7350 mmHg/min
Test Termination Criteria: Fatigue, 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	0 : 23	1.0	0	0	105	110 / 70	-1.49 II	-1.06 V6
Standing	0 : 2	1.0	0	0	107	110 / 70	-0.64 III	-0.71 III
Hyperventilation	0 : 2	1.0	0	0	107	110 / 70	-0.42 II	0.35 I
1	3 : 0	4.6	1.7	10	136	120 / 70	-1.49 III	-1.77 III
2	3 : 0	7.0	2.5	12	152	140 / 80	-2.76 III	-1.42 III
Peak Ex	1 : 6	10.2	3.4	14	165	150 / 80	-1.91 III	2.48 V2
Recovery(1)	2 : 0	1.8	1	0	130	130 / 80	-1.49 III	3.54 V2
Recovery(2)	2 : 0	1.0	0	0	119	120 / 80	-0.85 II	2.12 V2
Recovery(3)	0 : 4	1.0	0	0	118	120 / 80	-0.85 II	1.42 V2

Interpretation

The patient exercised according to the Bruce protocol for 7 m 6 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 105 bpm, rose to a max. heart rate of 165 (85% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg. GOOD EFFORT TOLERANCE, NORMAL CHRONOTROPIC RESPONSE, NORMAL INOTROPIC RESPONSE, NO ANGINA/ANGINA EQUIVALENTS, NO ARRHYTHMIAS, NO SIGNIFICANT ST-T CHANGES FROM BASELINE BASIC ECG NONSPECIFIC ST T CHANGES
REMARKS: Test is Negative for inducible ischemia.

Disclaimer: Negative stress test does not rule out Coronary Artery Disease. Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease. Hence overall Cardiological correlation is mandatory.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Ref. Doctor: _____
 (Summary Report edited by user)



Doctor: DR.SHAILAJA PILLAI
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554503

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 105 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P.: 110 / 70

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

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

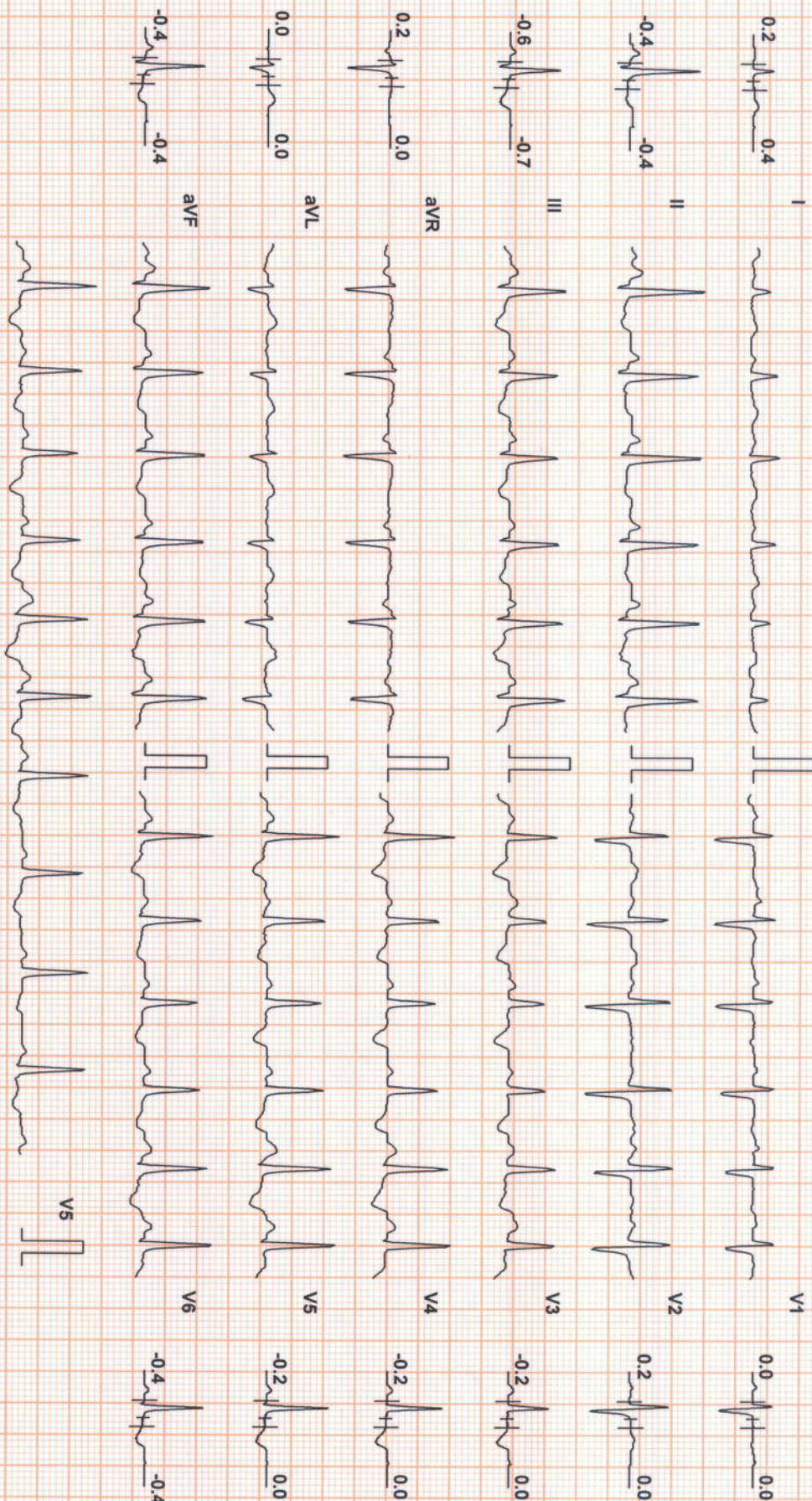


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554503

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 107 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 174 bpm)

B.P.: 110/70

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

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

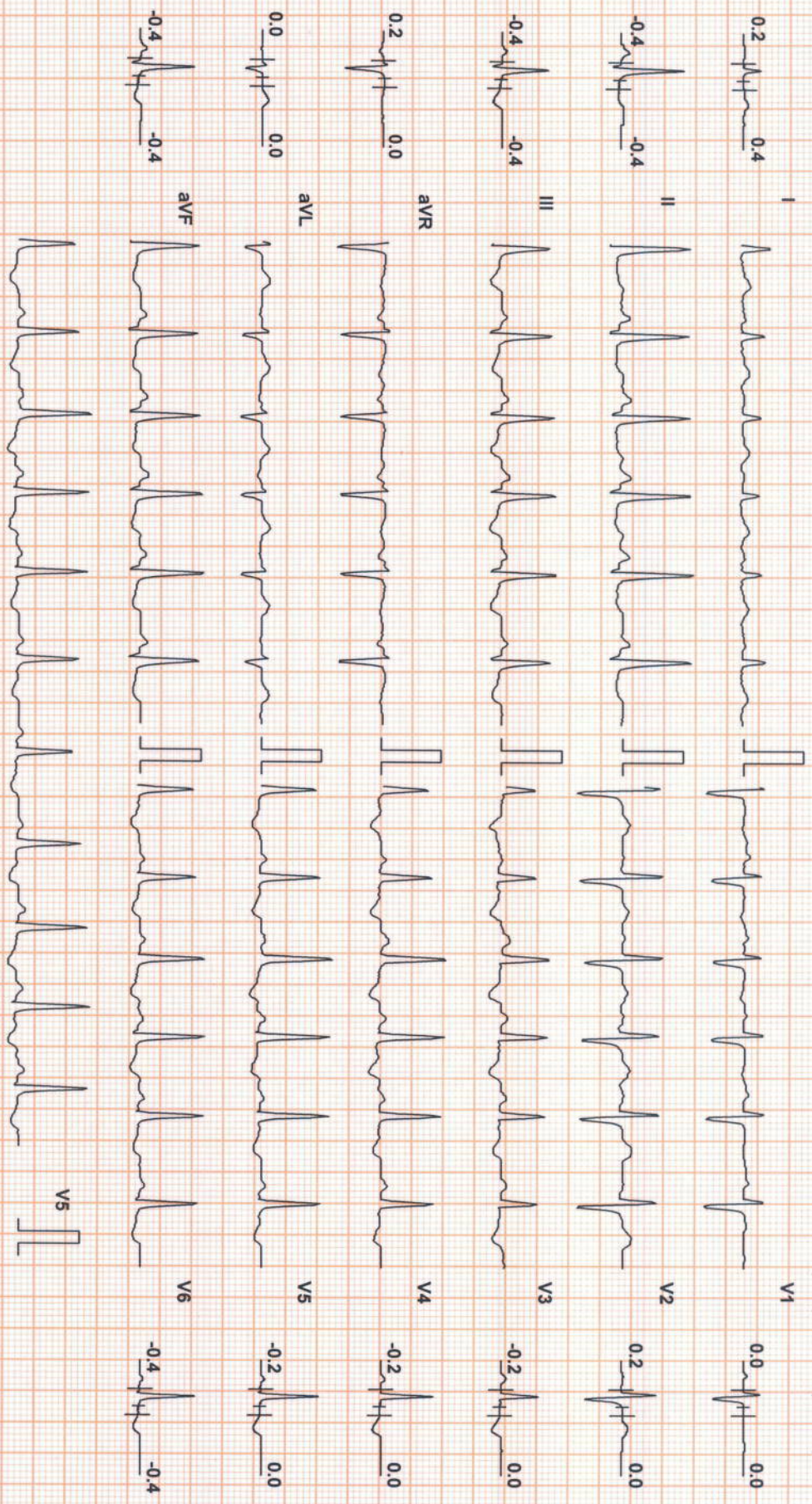


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Main: Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554503

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 107 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P.: 110 / 70

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

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

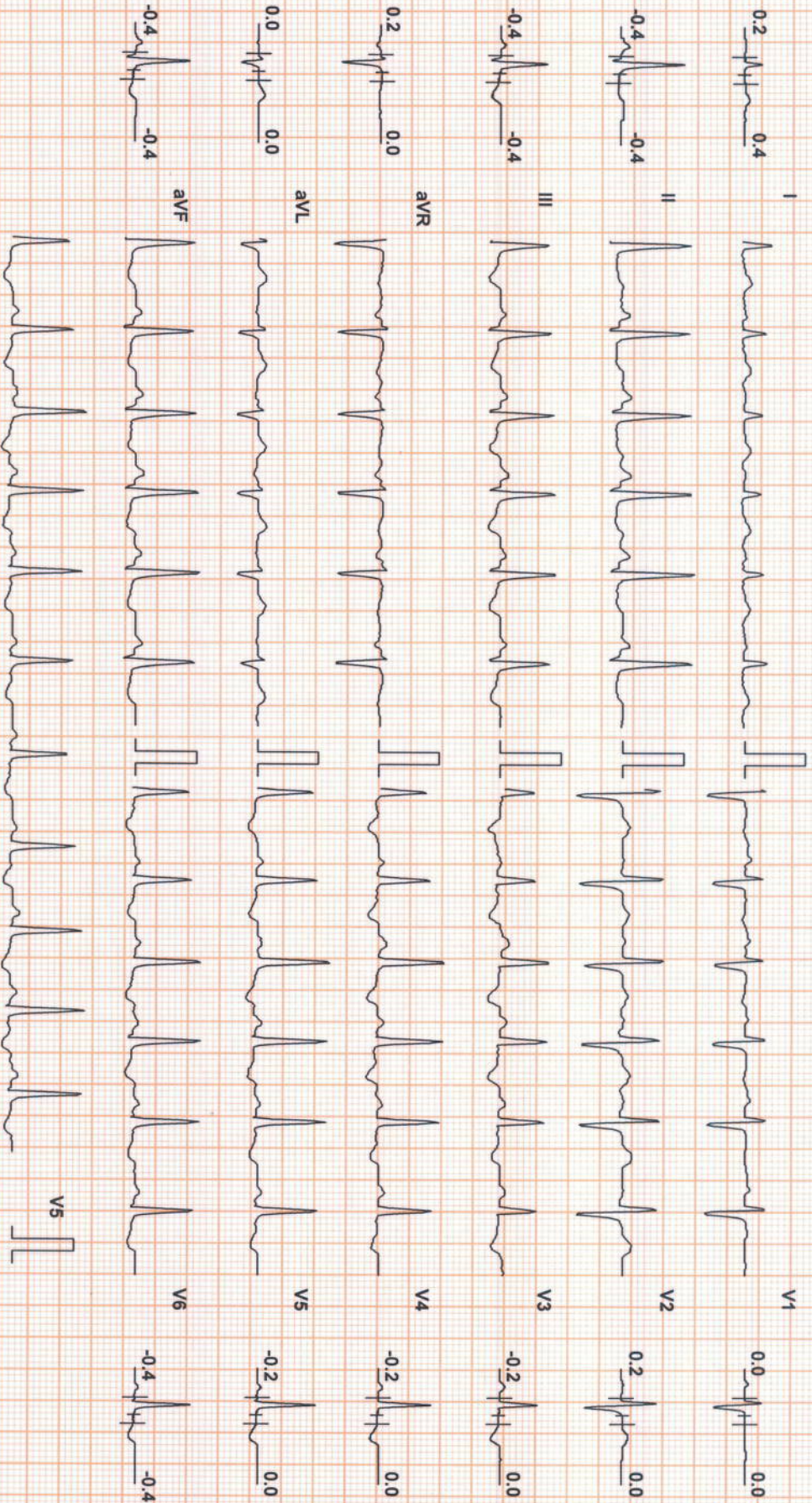


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Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spanden V 4.7



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554503

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 136 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 174 bpm)

B.P.: 120 / 70

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

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

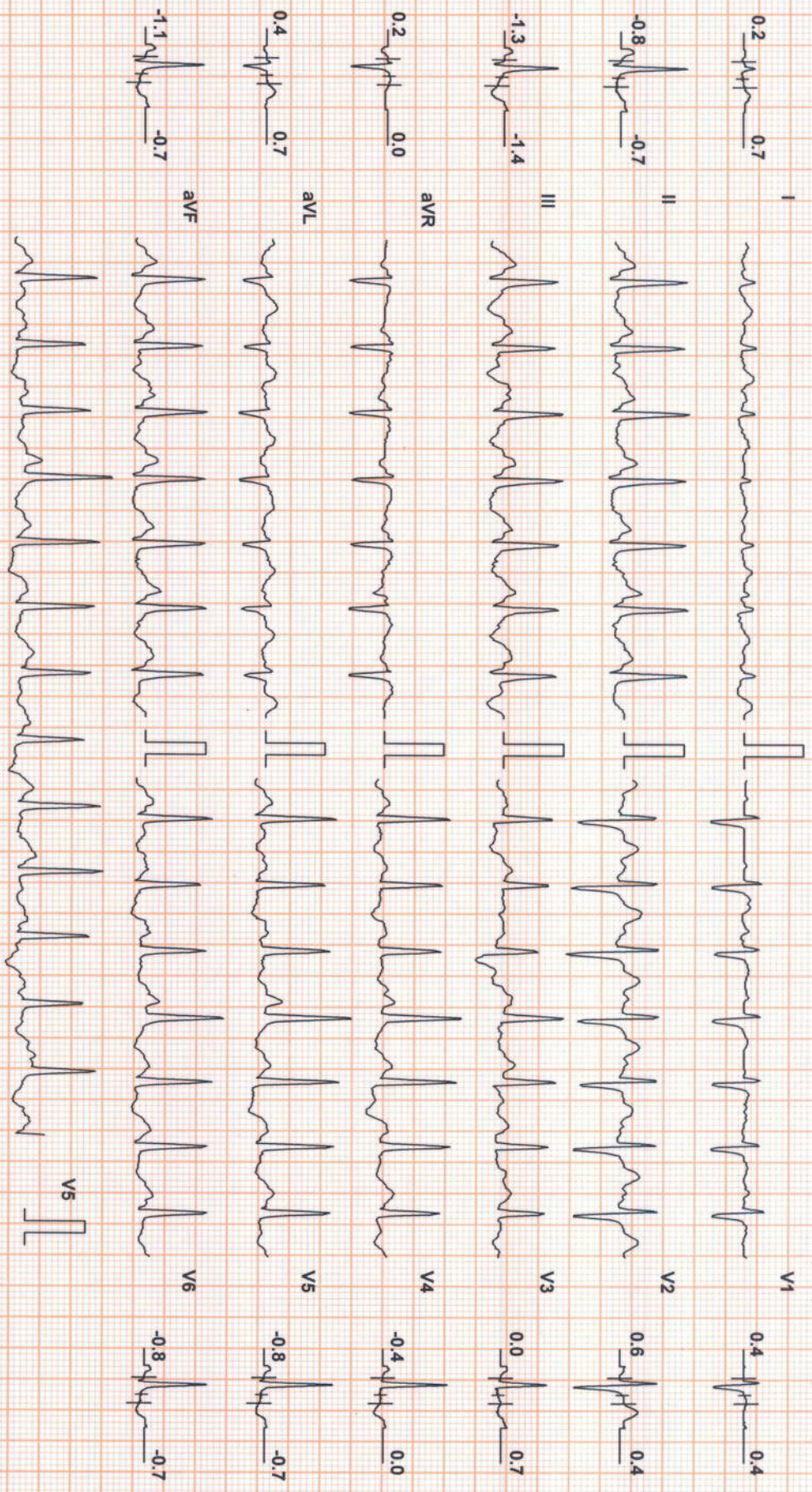


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANTI GAYKAR (26 F)

Protocol: Bruce

ID: 2127554503
Stage: 2

Date: 02-Oct-21
Speed: 2.5 mph
Grade: 12 %

Exec Time : 6 m 0 s
Stage Time : 3 m 0 s
(THR: 174 bpm)

HR: 152 bpm
B.P: 140 / 80

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

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

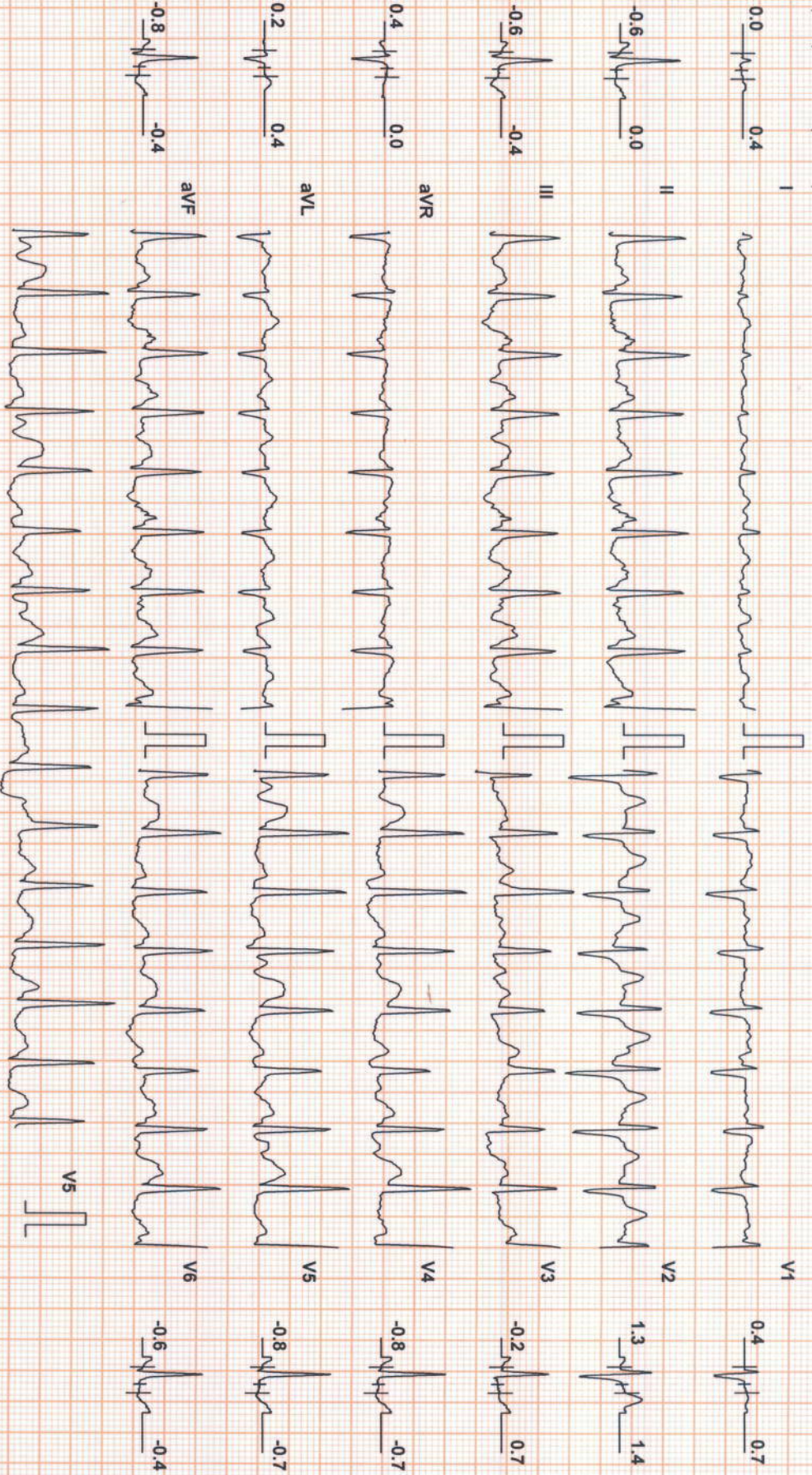


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 HZ

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2127554503

Date: 02-Oct-21

Exec Time : 7 m 6 s

Stage Time : 1 m 6 s

HR: 165 bpm

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 174 bpm)

B.P.: 150 / 80

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

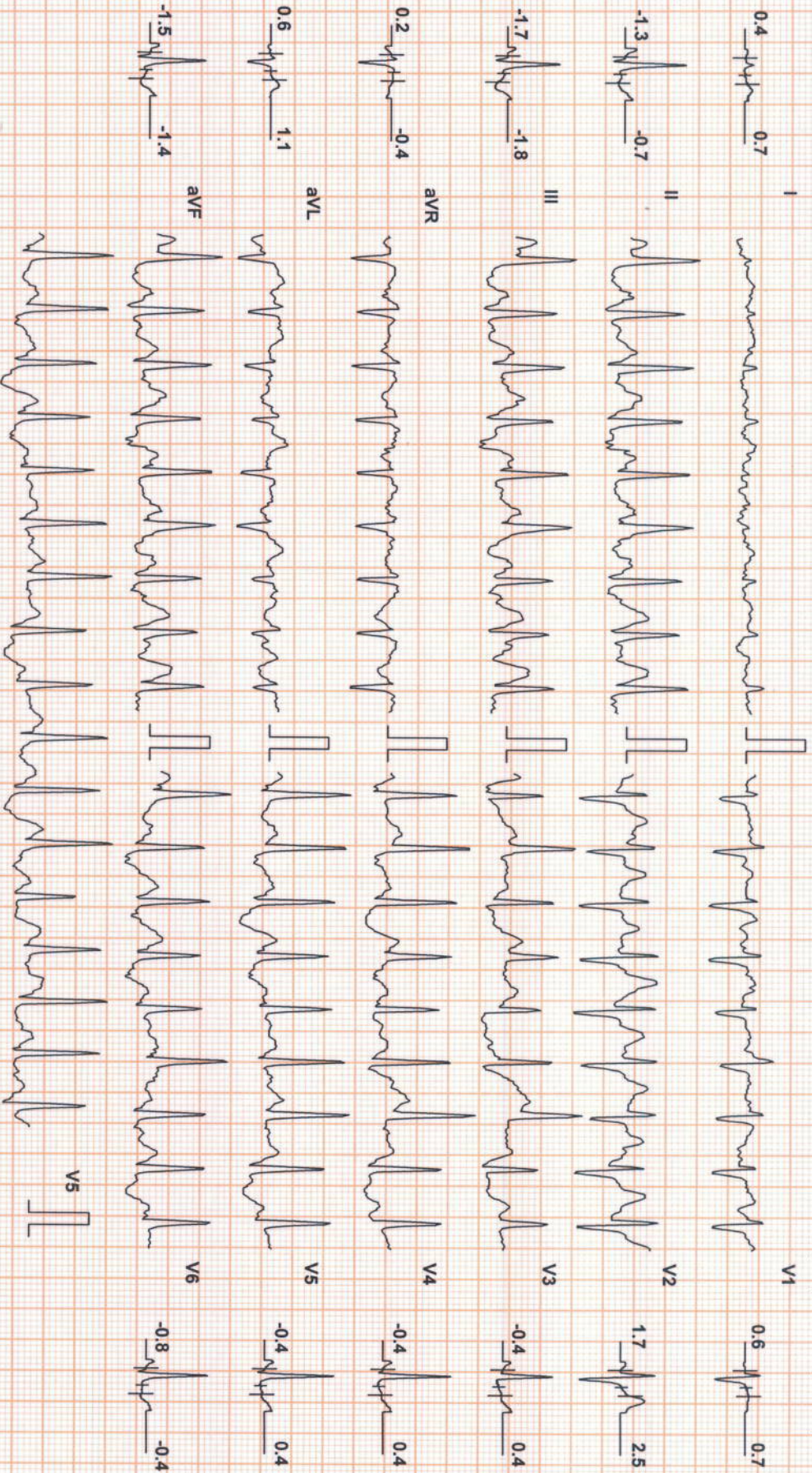


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANTI GAYKAR (26 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554503

Date: 02-Oct-21

Exec Time : 7 m 6 s

Stage Time : 2 m 0 s

HR: 130 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P.: 130 / 80

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

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

0.2 0.7

0.4 0.4

0.2 0.7

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Chart Speed: 25 mm/sec
Schiller 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



SUBURBAN DIAGNOSTICS GB RD THANE

PRAASHANTI GAYKAR (26 F)

ID: 2127554503

Date: 02-Oct-21

Exec Time : 7 m 6 s

Stage Time : 2 m 0 s

HR: 119 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P.: 120 / 80

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

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

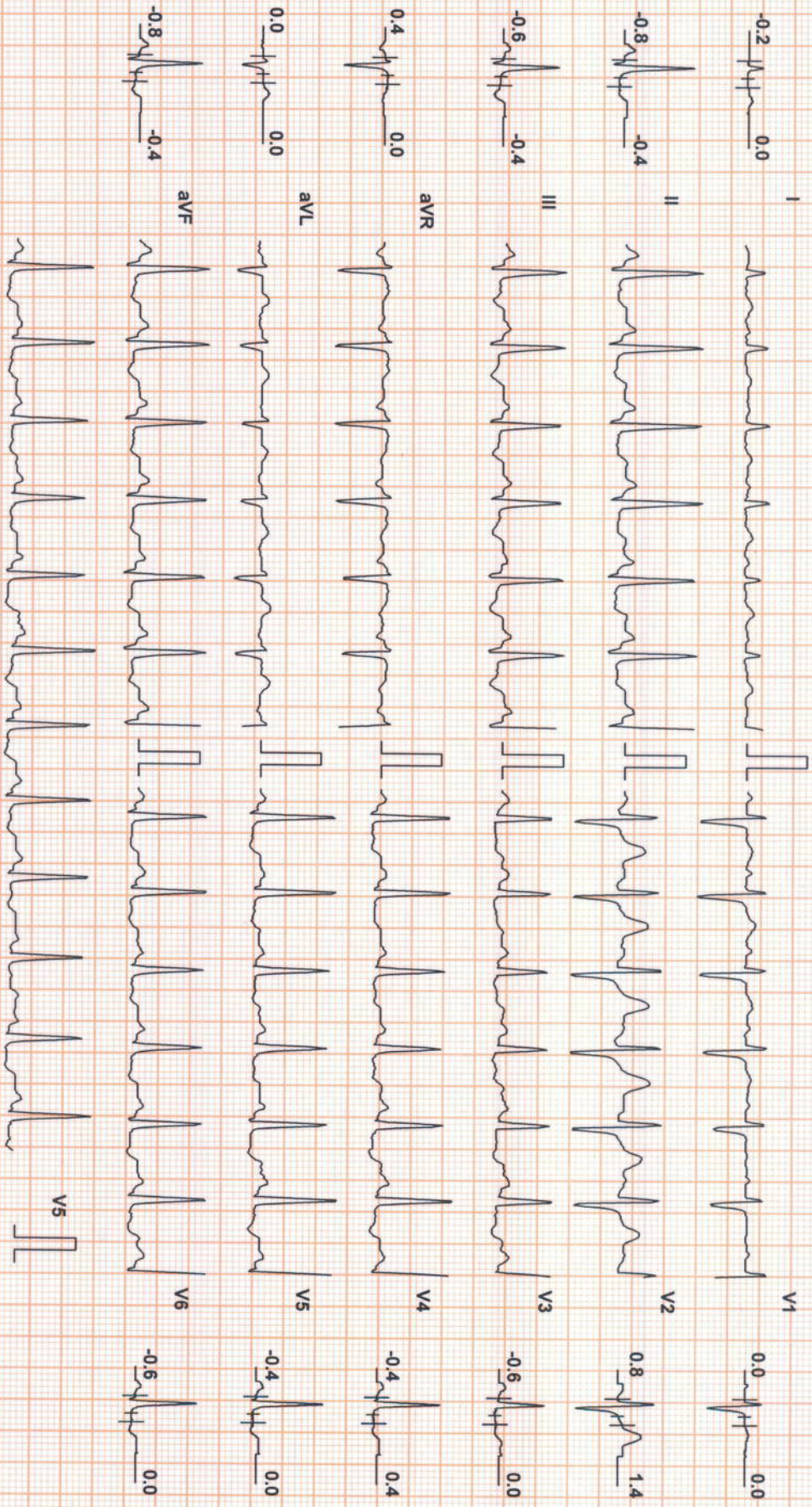


Chart Speed: 25 mm/sec
Schlier: Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms J = R + 60 ms

Post J = J + 60 ms