

CID# : 2205030722
Name : MRS.SHRUTIKA RAJENDRA KAHIRNAR
Age / Gender : 28 Years/Female
Consulting Dr. : -
Reg.Location : Andheri West (Main Centre)

SID# : 177804780166
Registered : 19-Feb-2022 / 09:43
Collected : 19-Feb-2022 / 09:43
Reported : 20-Feb-2022 / 23:18
Printed : 22-Feb-2022 / 11:29

- | | |
|--|----|
| 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 ***



P.R. Wadhwanis

Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services

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@suburbandiagnostics.com | **www.suburbandiagnostics.com**



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Collected : 19-Feb-2022 / 10:09
 Reported : 19-Feb-2022 / 13:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.8	36-46 %	Measured
MCV	85.4	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8870	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.2	20-40 %	
Absolute Lymphocytes	2580	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	760	200-1000 /cmm	Calculated
Neutrophils	59.4	40-80 %	
Absolute Neutrophils	5250	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	230	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	18.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB **22** 2-20 mm at 1 hr. Westergren

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



Amar Das Gupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

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





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Reported : 19-Feb-2022 / 12:06

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	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.05	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.67	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.0	2.4-5.7 mg/dl	Enzymatic



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Collected : 19-Feb-2022 / 13:22
Reported : 19-Feb-2022 / 15:47

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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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Reg. Location : Andheri West (Main Centre)

Collected : 19-Feb-2022 / 10:09
Reported : 19-Feb-2022 / 14:02

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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*** End Of Report ***



J. Thakker

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



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Reg. Location : Andheri West (Main Centre)

Collected : 19-Feb-2022 / 10:09
Reported : 19-Feb-2022 / 15:51

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



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



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Reg. Location : Andheri West (Main Centre)

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Reported : 19-Feb-2022 / 14:35

**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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	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	More than 200	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	10-15		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	+	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

Kindly correlate clinically.
Note : Repeat with a fresh midstream urine sample,if clinically indicated.

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



Anupa
Dr.ANUPA DIXIT
M.D.(PATH)
Pathologist



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Collected : 19-Feb-2022 / 10:09
Reported : 19-Feb-2022 / 13:12

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

PARAMETER	RESULTS
ABO GROUP	B
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

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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Collected : 19-Feb-2022 / 10:09
Reported : 19-Feb-2022 / 12:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	58.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	53.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	86.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	74.0	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



J Thakker
Dr.JYOT THAKKER
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Pathologist & AVP(Medical Services)



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Collected : 19-Feb-2022 / 10:09
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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	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	2.51	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 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 ***



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



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Name : Mrs SHRUTIKA RAJENDRA
KAHIRNAR
Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 19-Feb-2022 / 10:50
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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-----

This report is prepared and physically checked by DR R K BHANDARI before dispatch.

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

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021909441461>

2205030722 (407) / SHRUTIKA KHAIRNAR / 28 Yrs / F / 161 Cms / 65 Kg Date: 19-Feb-2022 Refd By : . Examined By: Dr. Ashish V Deshmukh MD



DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59987



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	114	59 %	110/70	125	00	
Standing	00:26	0:22	00.0	00.0	01.0	102	53 %	110/70	112	00	
HV	00:48	0:22	00.0	00.0	01.0	087	45 %	110/70	095	00	
Warm Up	01:09	0:21	00.0	00.0	01.0	092	48 %	110/70	101	00	
ExStart	01:30	0:21	01.0	00.0	01.0	111	58 %	110/70	122	00	
BRUCE Stage 1	04:30	3:00	01.7	10.0	04.7	146	76 %	130/70	189	00	
BRUCE Stage 2	07:30	3:00	02.5	12.0	07.1	179	93 %	150/70	268	00	
PeakEx	07:49	0:19	03.4	14.0	07.4	183	95 %	170/70	311	00	
Recovery	08:49	1:00	01.1	00.0	01.1	172	90 %	150/70	258	00	
Recovery	09:49	2:00	00.0	00.0	01.0	138	72 %	150/70	207	00	
Recovery	11:49	4:00	00.0	00.0	01.0	103	54 %	130/70	133	00	
Recovery	13:49	6:00	00.0	00.0	01.0	102	53 %	110/70	112	00	
Recovery	14:18	6:30	00.0	00.0	01.0	097	51 %	110/70	106	00	

FINDINGS :

Exercise Time : 06:19
 Max HR Attained : 183 bpm 95% of Target 192
 Max BP Attained : 170/70
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 History : Nil
 Test End Reasons : Test Complete, Heart Rate Achieved

DR. ASHISH V. DESHMUKH
 MD. (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 59997



Doctor : Dr Ashish V Deshmukh



REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59997

DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59997

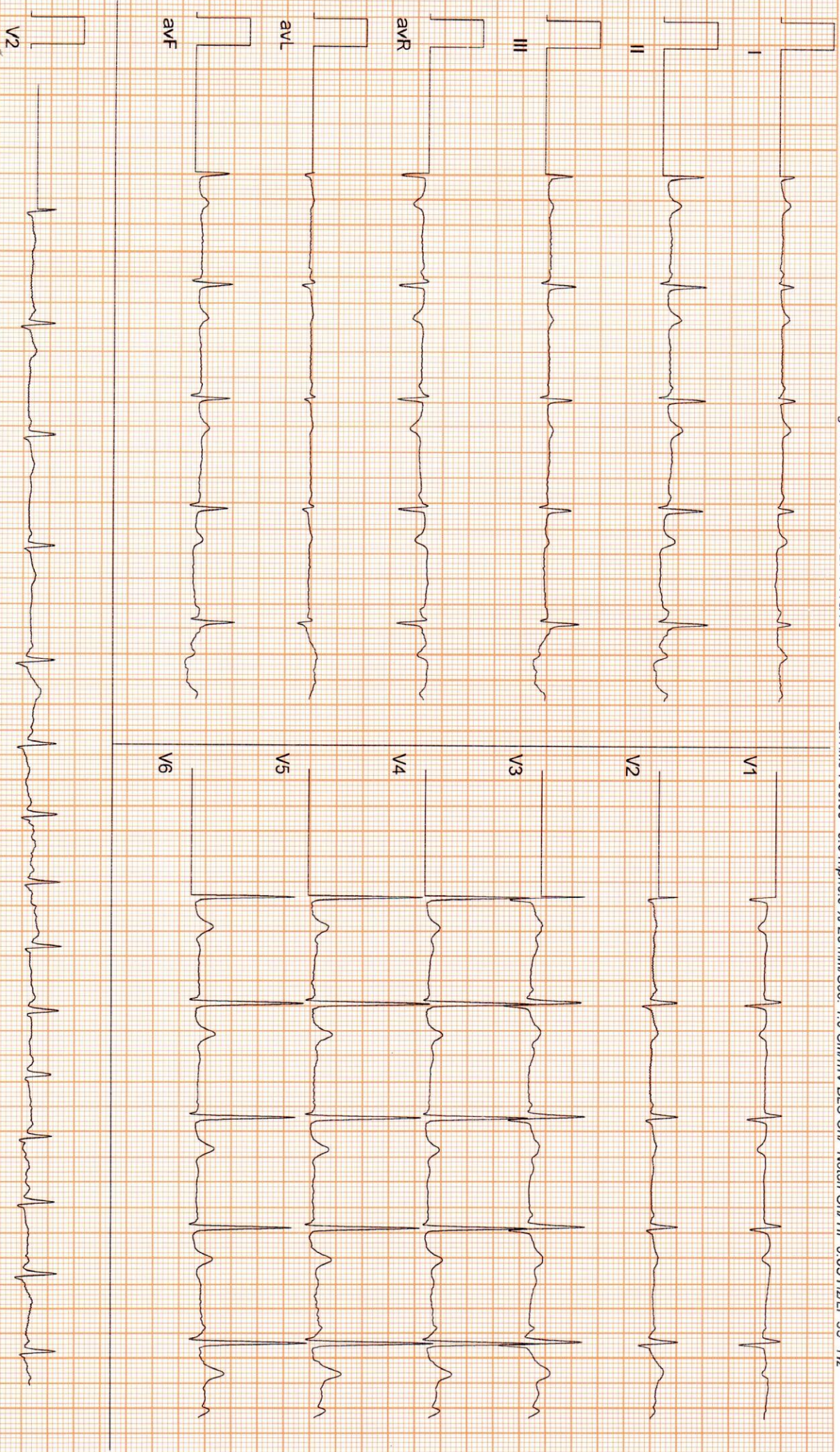


Director : Dr Ashish V Deshmukh



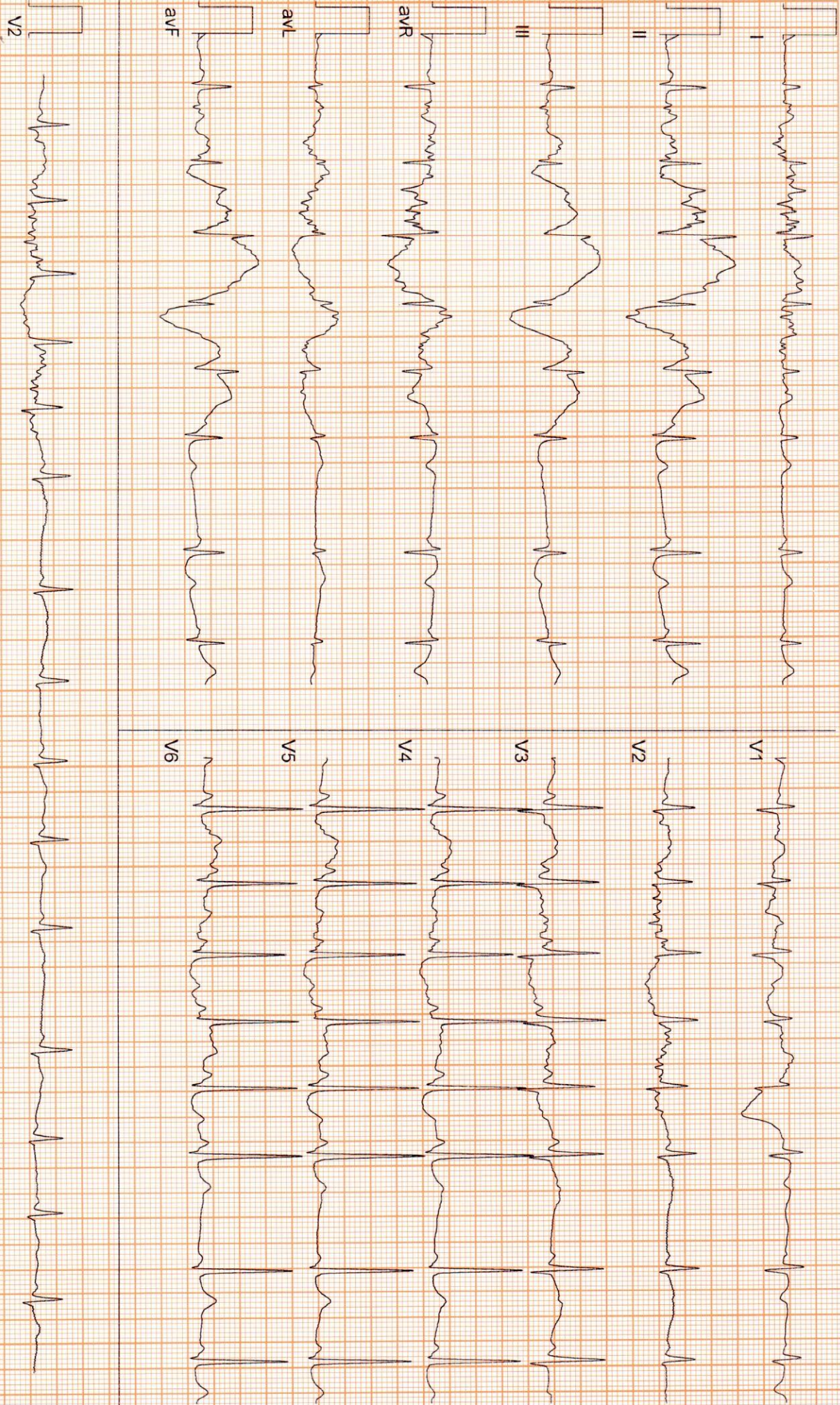
Date: 19 - 02 - 2022 02:12:52 PM METS : 1.0 HR : 114 Target HR : 59% of 192 BP : 110/70

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/m V BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



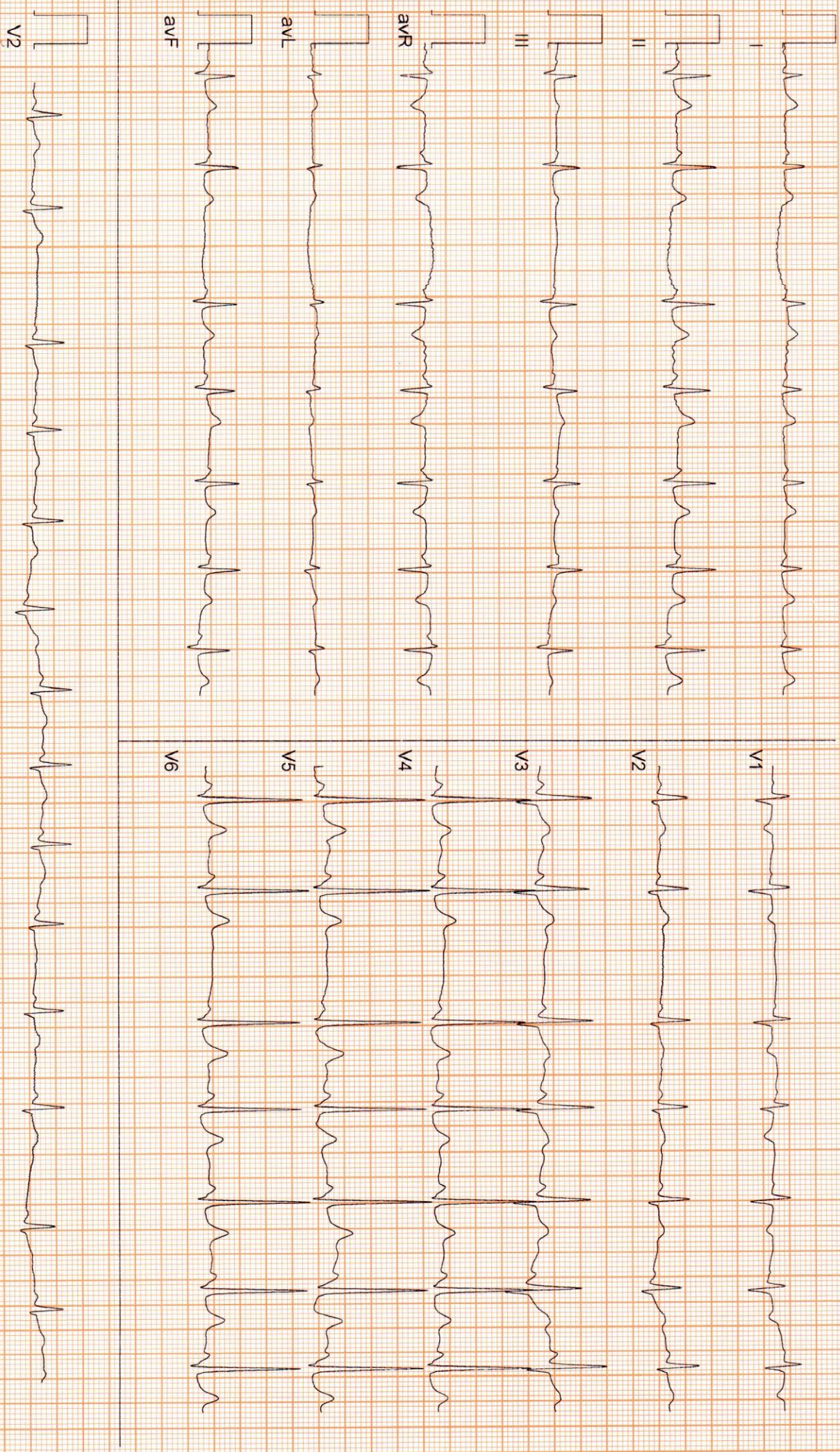
Date: 19 - 02 - 2022 02:12:52 PM METs : 1.0 HR : 102 Target HR : 53% of 192 BP : 110/70

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



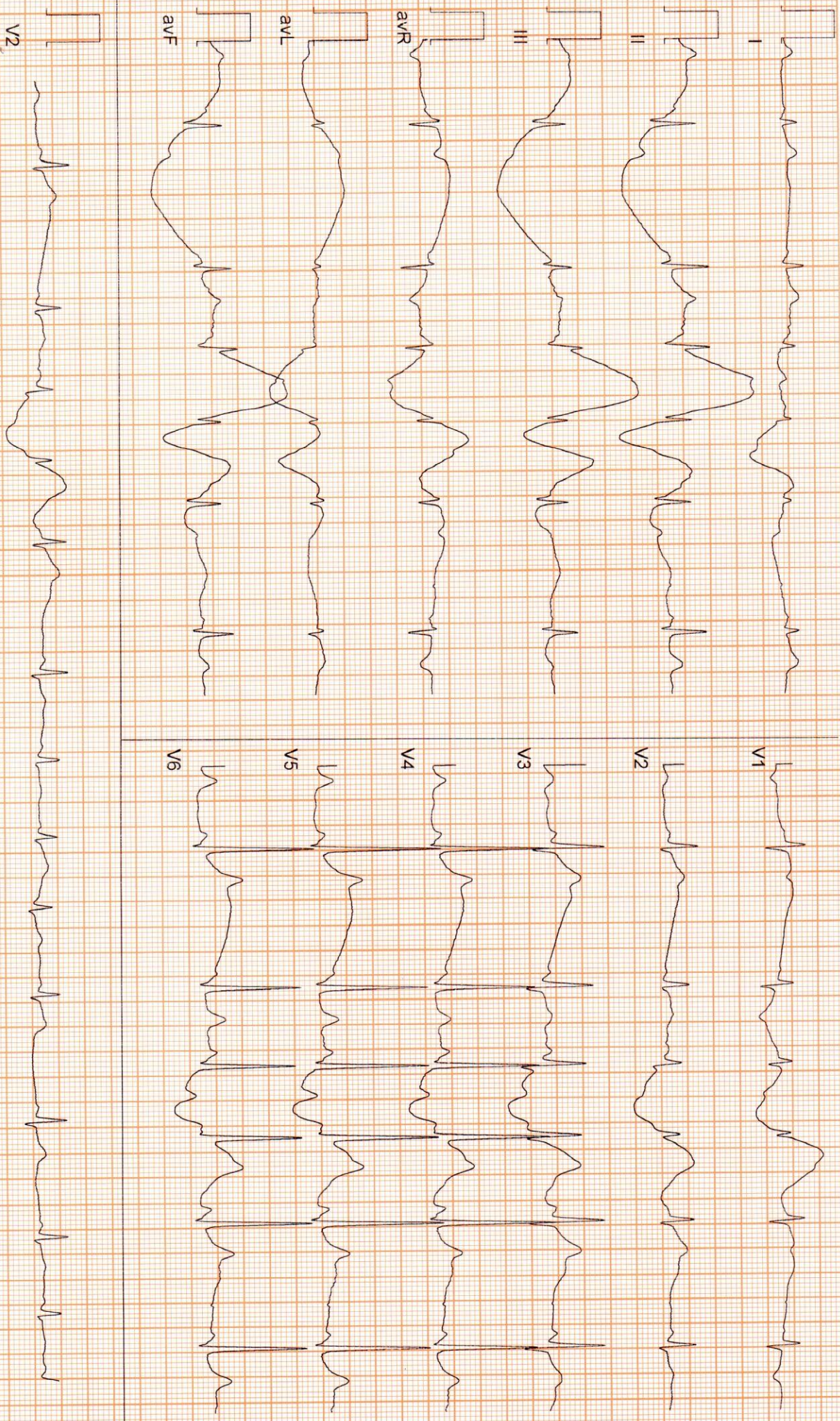
Date: 19 - 02 - 2022 02:12:53 PM METs : 1.0 HR : 87 Target HR : 45% of 192 BP : 110/70

EX Time : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/ LF 35 Hz



Date: 19 - 02 - 2022 02:12:52 PM METs : 1.0 HR : 92 Target HR : 48% of 192 BP : 110/70

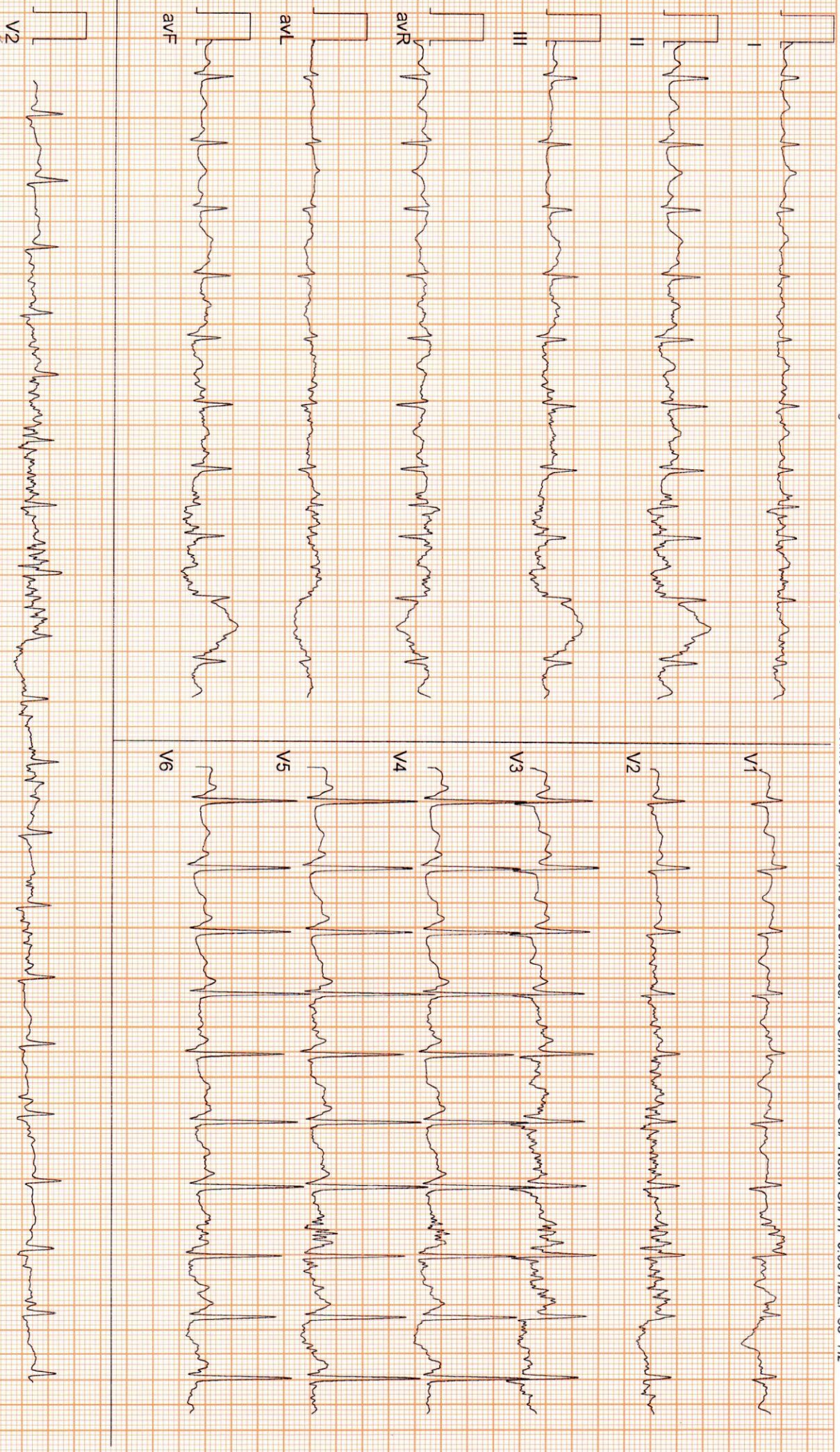
ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec 1.0 Cm/m V BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz





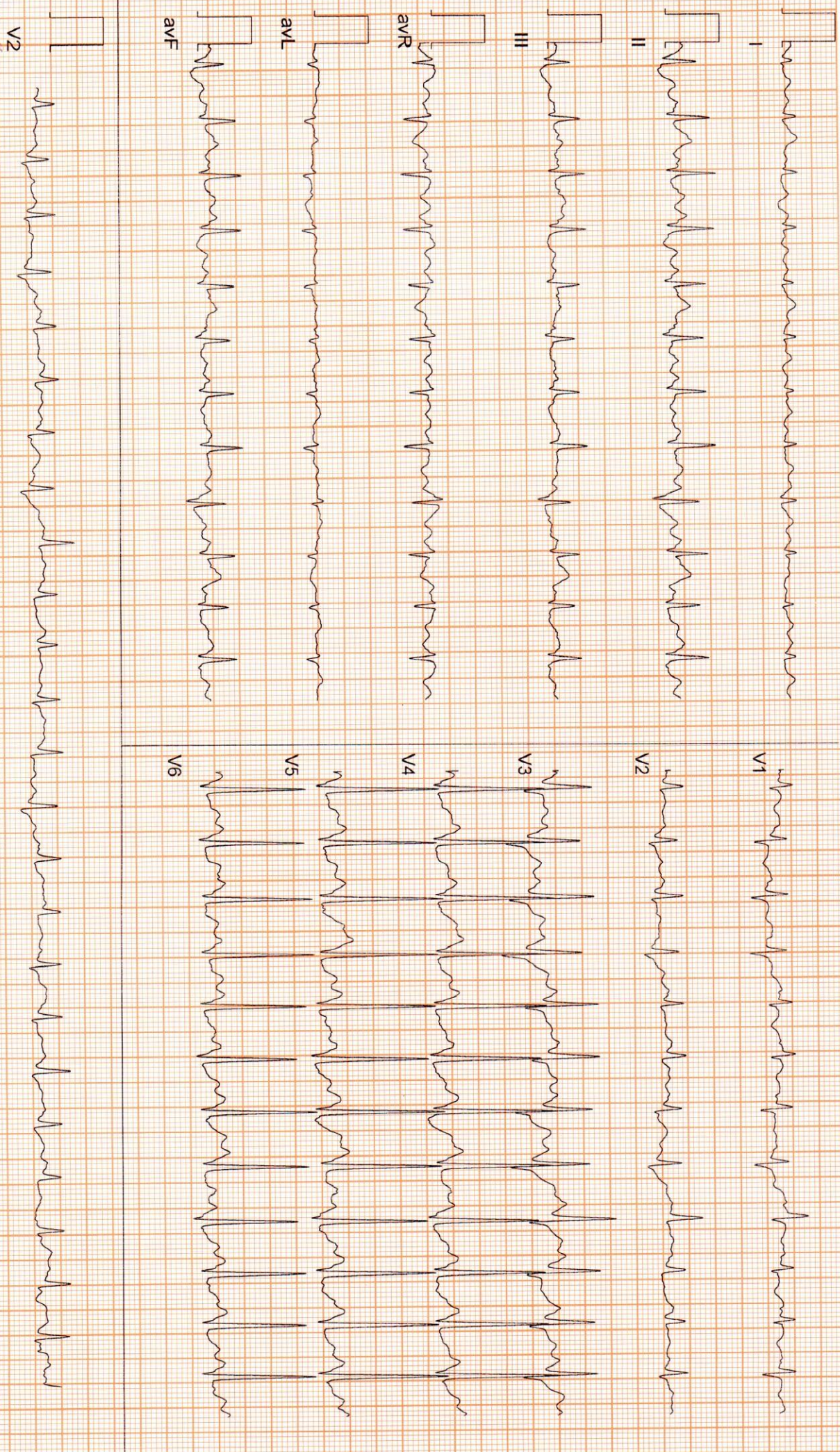
Date: 19 - 02 - 2022 02:12:52 PM METs : 1.0 HR : 111 Target HR : 58% of 192 BP : 110/70

ExTime : 00:00 1.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



Date: 19 - 02 - 2022 02:12:52 PM METS : 4.7 HR : 146 Target HR : 76% of 192 BP : 130/70

ExTime : 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

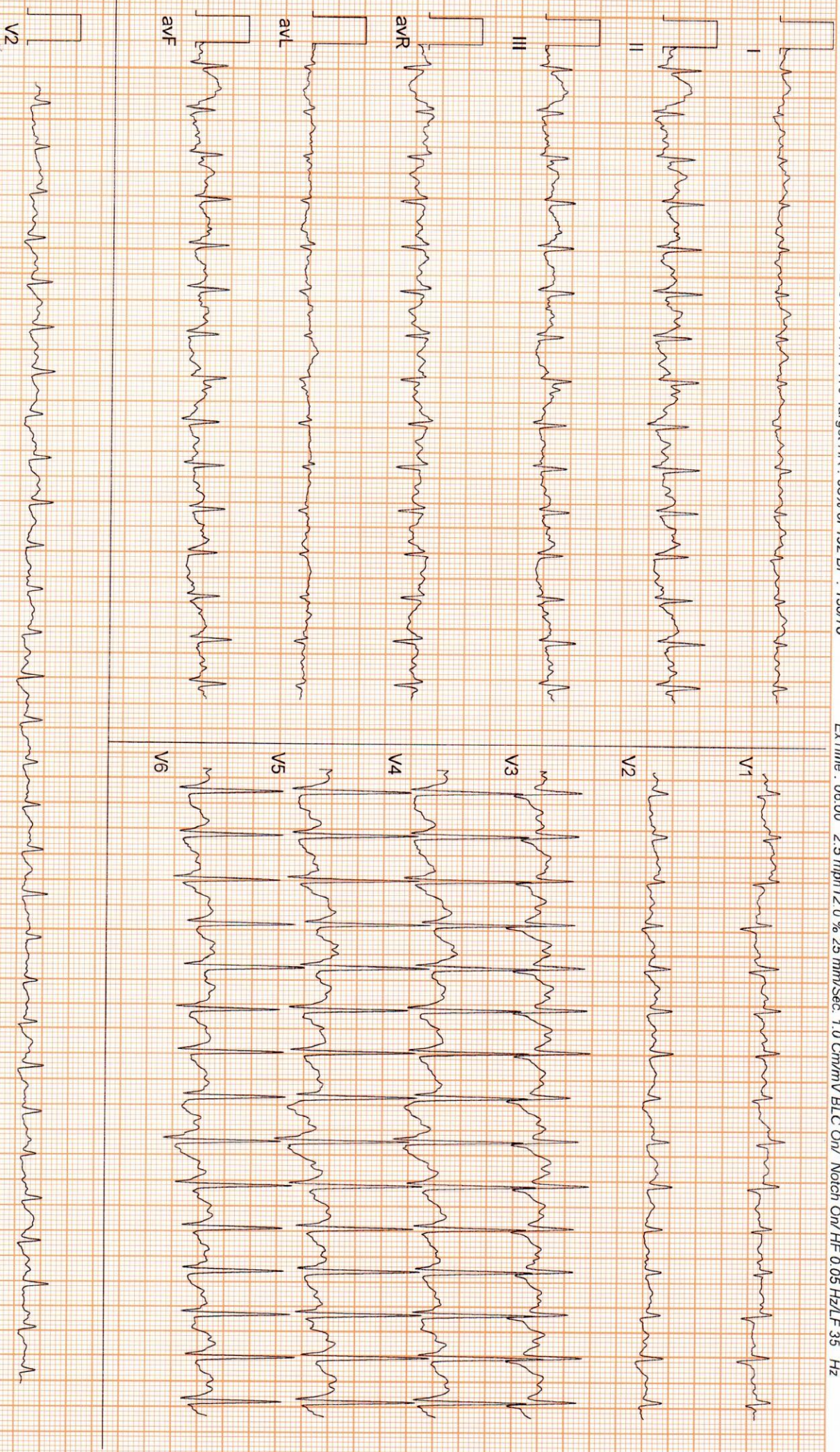


(ADX_GEM216201125)(R)Allengers



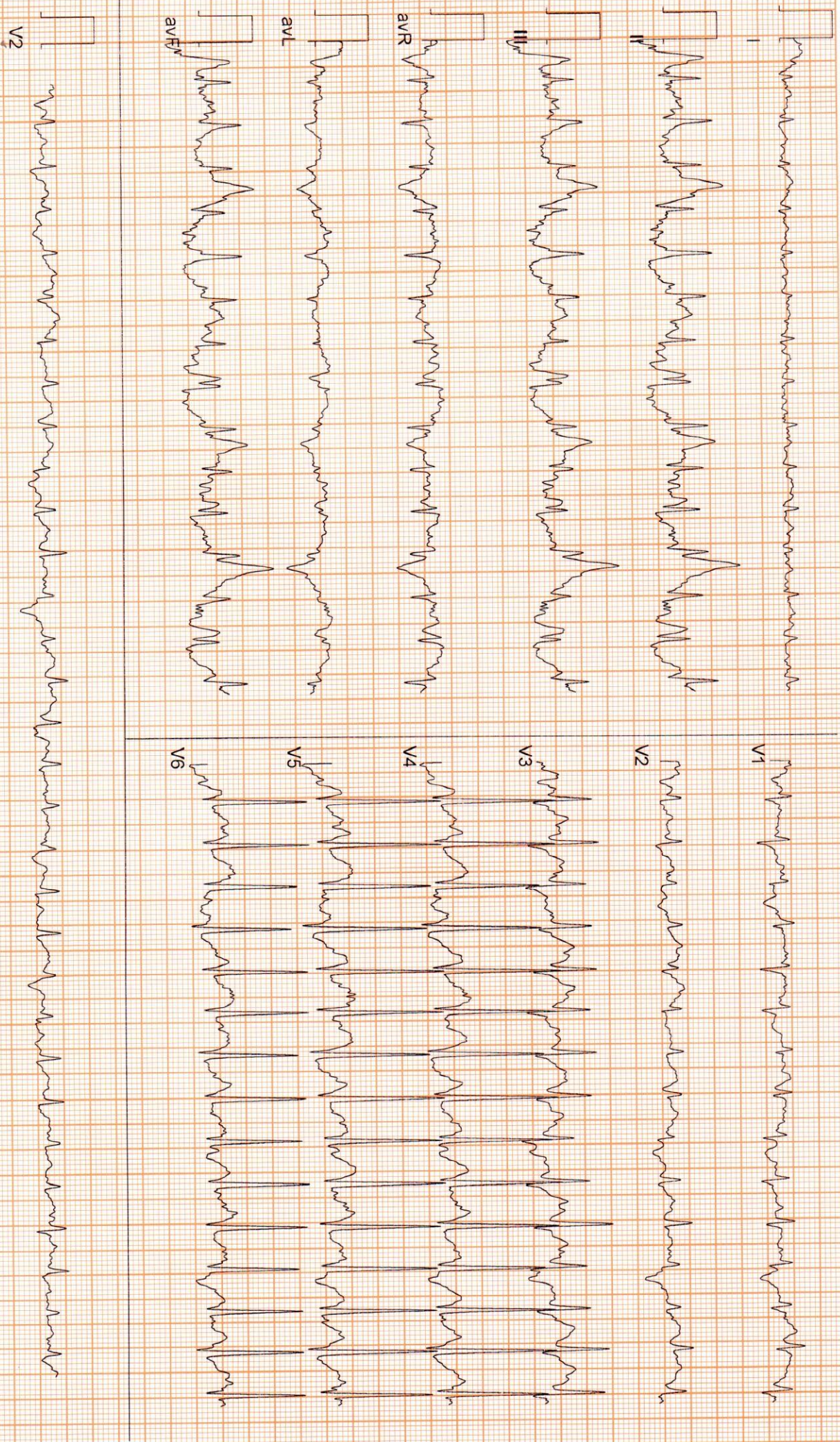
Date: 19 - 02 - 2022 02:12:52 PM METs : 7.1 HR : 179 Target HR : 93% of 192 BP : 150/70

EXTime : 06:00 2.5 mph 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



Date: 19 - 02 - 2022 02:12:52 PM METS : 7.4 HR : 183 Target HR : 95% of 192 BP : 170/70

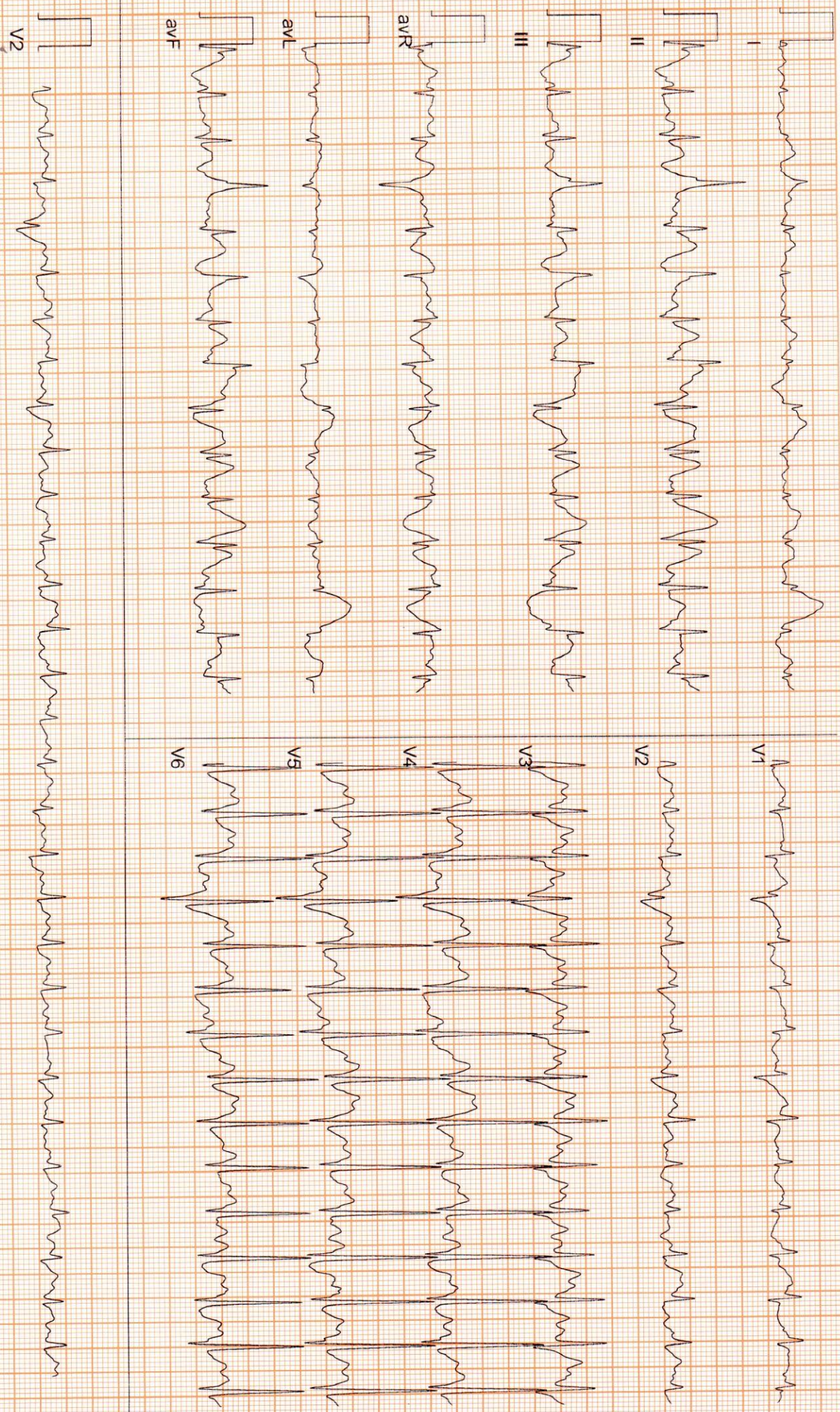
EXTime : 06:19 3.4 mph 14.0% 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz





Date: 19 - 02 - 2022 02:12:52 PM METs : 1.1 HR : 172 Target HR : 90% of 192 BP : 150/70

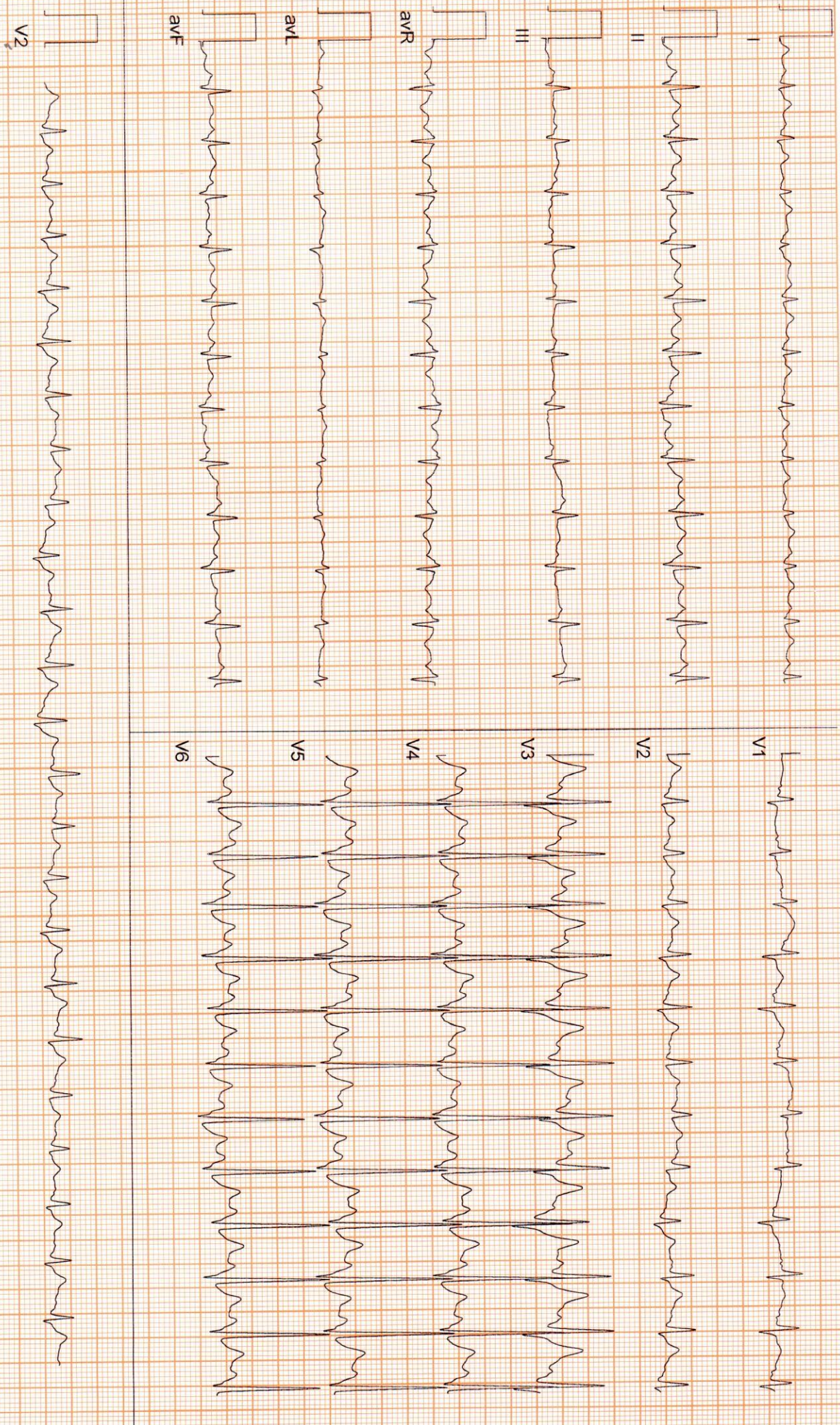
ExTime : 06:19 1.1 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LE 35 Hz





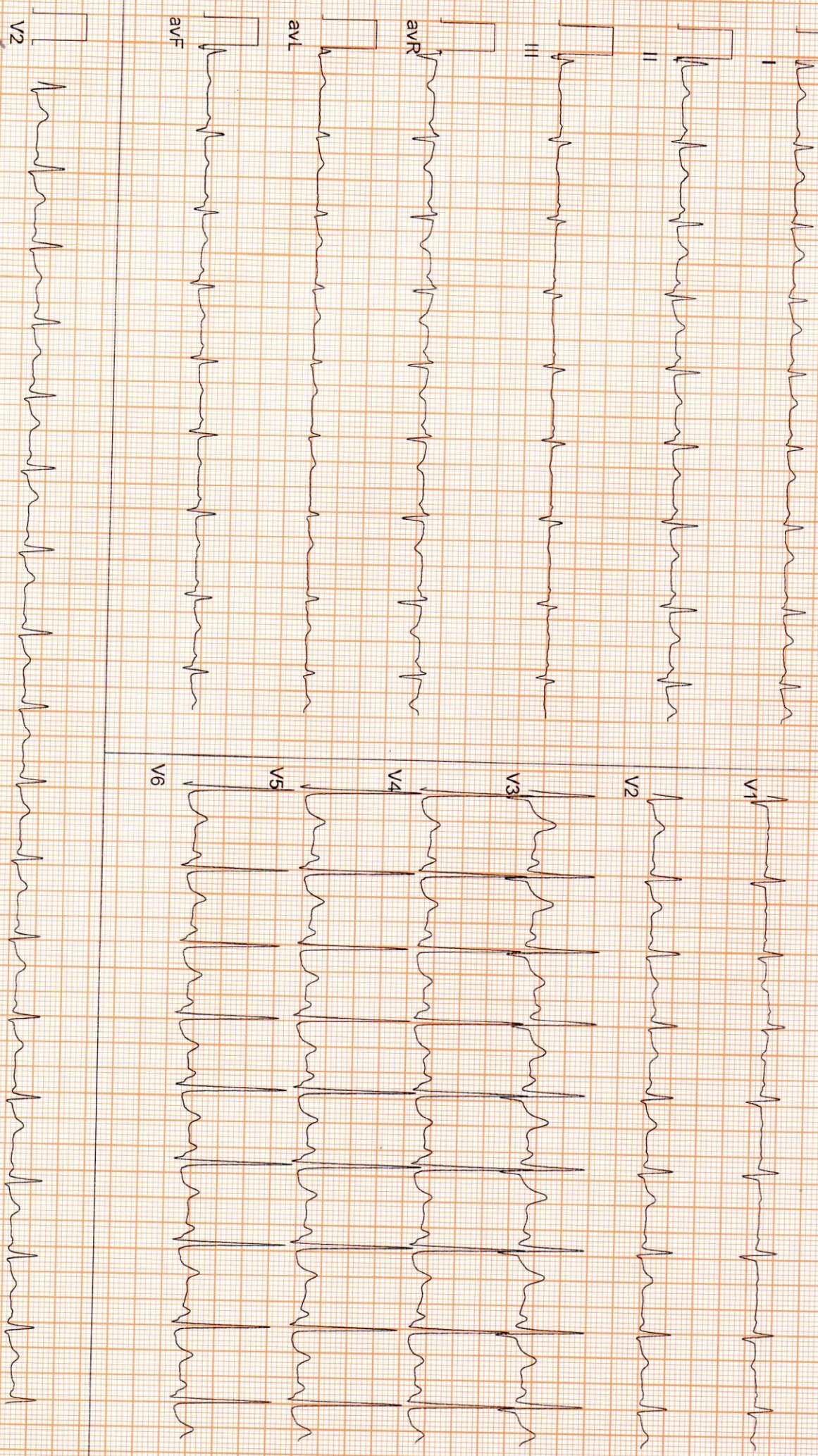
Date: 19 - 02 - 2022 02:12:52 PM METS : 1.0 HR : 138 Target HR : 72% of 192 BP : 150/70

Ex Time : 06:19 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/m V BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

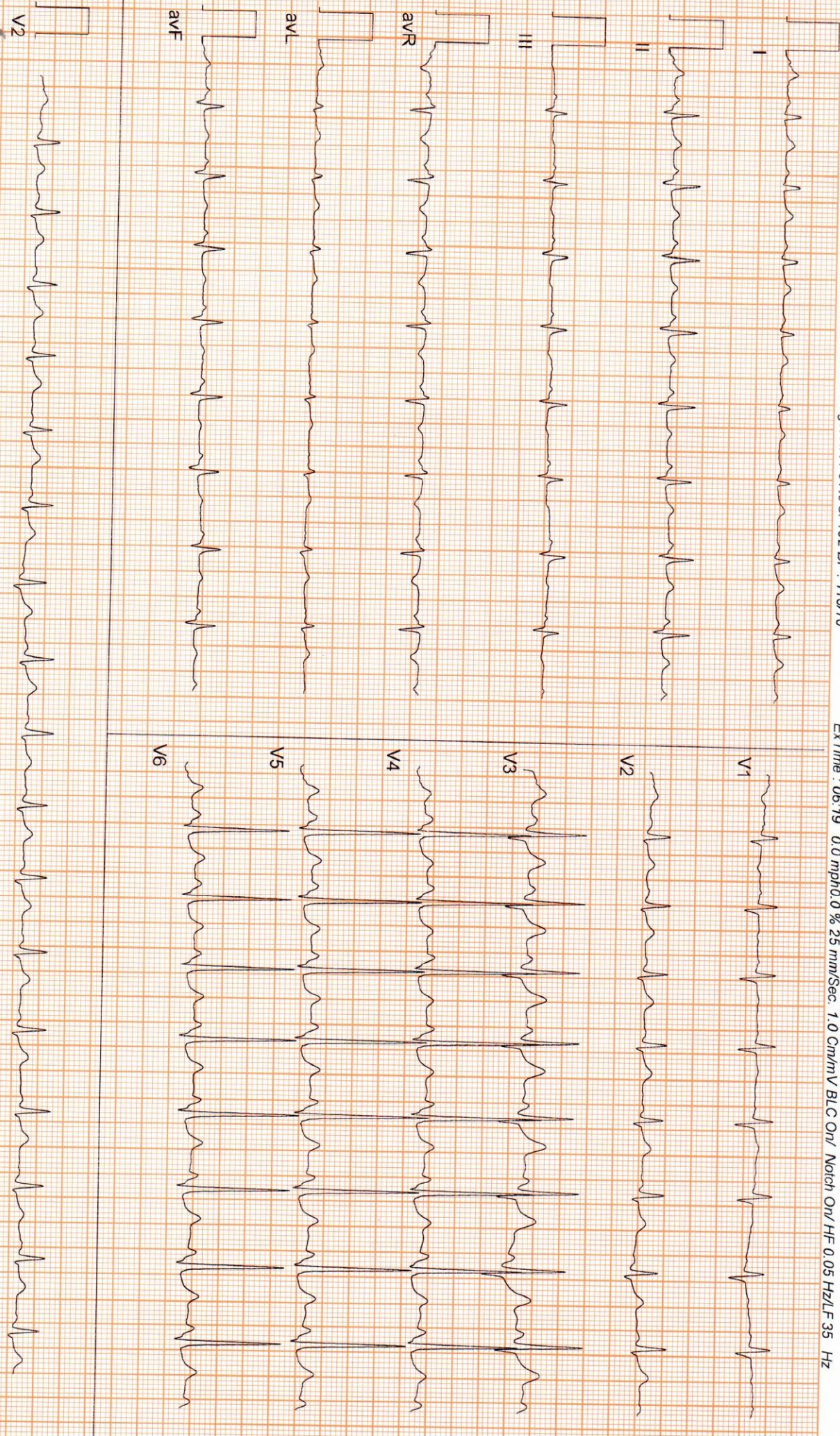


Date: 19 - 02 - 2022 02:12:52 PM METs : 1.0 HR : 102 Target HR : 53% of 192 BP : 110/70

ExTime : 06:19 0.0 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz LF 35 Hz



6 x 2 + Rhythm
Recovery(6:30)





CID : 2205030722
Name : Mrs SHRUTIKA RAJENDRA
KAHIRNAR
Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 19-Feb-2022 / 10:55
Reported : 19-Feb-2022 / 12:36

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.8cm), 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 9.8 x 4.1cm. Left kidney measures 9.6 x 4.5cm.

SPLEEN:

The spleen is normal in size (9.2cm) 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 4.8 x 3.8 x 2.6cm in size.

The endometrial thickness is 8.6mm.

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021909441454>

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



CID : 2205030722
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OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
The right ovary measures 2.6 x 2.4 x 1.8cm. and ovarian volume is 6.3cc.
The left ovary measures 3.0 x 2.8 x 1.6cm. and ovarian volume is 7.4cc.

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://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021909441454>

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Page 2 of 2

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

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

Patient Name: **SHRUTIKA RAJENDRA KAHIRNAR**
 Date and Time: **19th Feb 22 10:36 AM**
 Patient ID: **2205030722**

Age **28** **1** **20**
 years months days

Gender **Female**

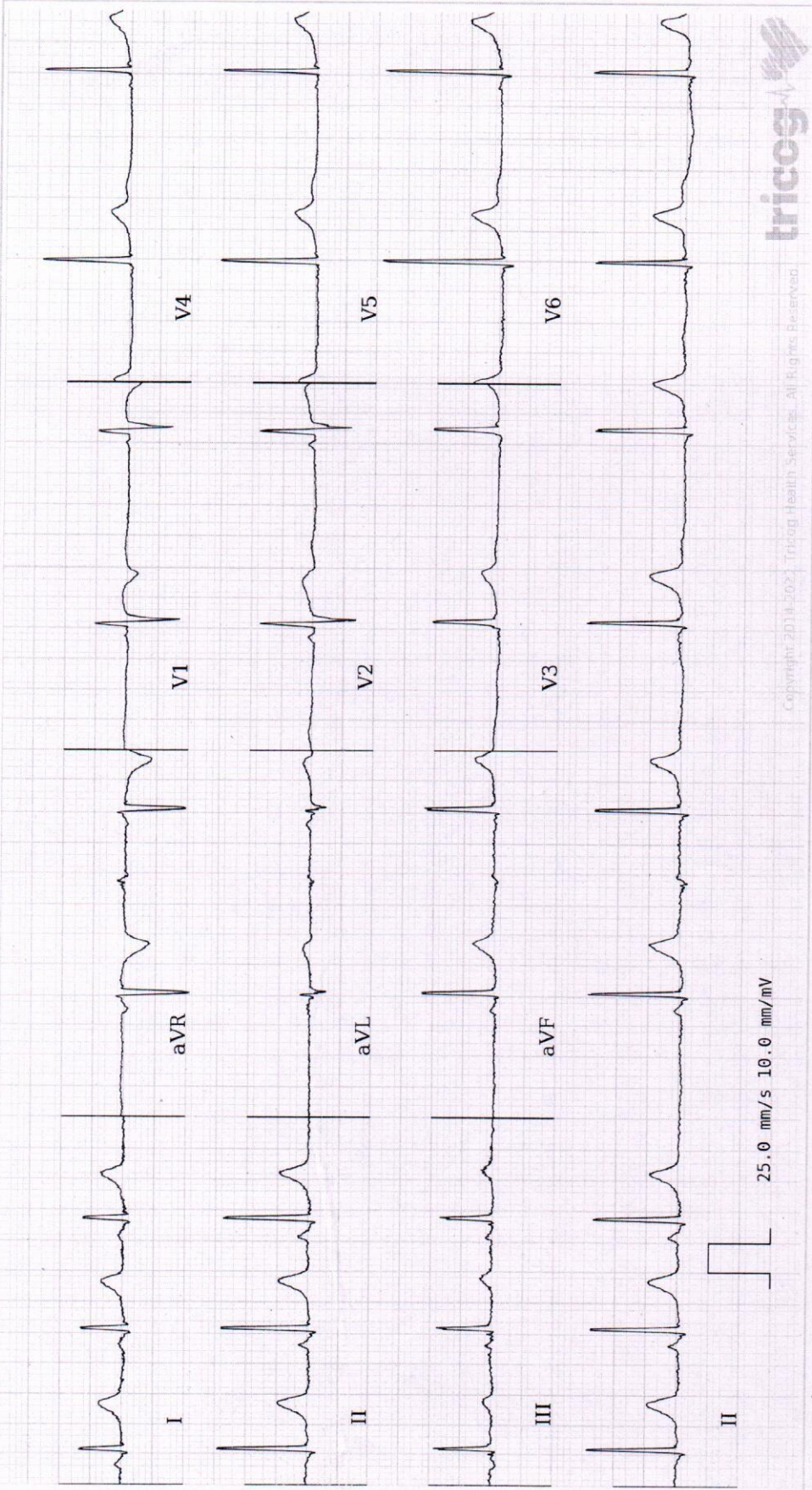
Heart Rate **53 bpm**

Patient Vitals

BP: **110/70 mmHg**
 Weight: **65 kg**
 Height: **161 cm**
 Pulse: **NA**
 Spo2: **NA**
 Resp: **NA**
 Others:

Measurements

QSRD: **80 ms**
 QT: **436 ms**
 QTc: **409 ms**
 PR: **96 ms**
 P-R-T: **11° 67° 45°**



Sinus Bradycardia, with? Competing Junctional Rhythm. Please correlate clinically.

REPORTED BY

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

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.