

PHYSICAL EXAMINATION REPORT

Patient Name	Pallavi Shete	Sex/Age	F/31
Date	25/3/23	Location	Thane.

History and Complaints

C/O - sinusitis,
- Headache.

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	37.0
Weight (kg):	70	Skin:	Hyperpigmentation (+)
Blood Pressure	110/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

- ↑ ESR (45)
- BSL (F) - Impaired, HbA1c - prediabetic
- Urine - Pus cells (8-10/hpf)
- USG - Fatty Liver.

Advice:

- Low Fat, low sugar Diet.
- Reg. Exercise.
- Drink Plenty of liquids.
- Repeat sugar profile after 5 months.

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Avoid Rice, wheat - Mixed
4)	Medication	tab. Montelukast (5.05) Vitamines.



Dr. Manasee Kulkarni
M.B.B.S -

2005/09/3439

Authenticity Check



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CID : 2308422262
Name : MRS.SHREE PALLAVI
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 10:36
Reported : 25-Mar-2023 / 12:58

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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.32	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.3	36-46 %	Measured
MCV	95.6	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5530	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.5	20-40 %	
Absolute Lymphocytes	2350.3	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	282.0	200-1000 /cmm	Calculated
Neutrophils	44.6	40-80 %	
Absolute Neutrophils	2466.4	2000-7000 /cmm	Calculated
Eosinophils	7.8	1-6 %	
Absolute Eosinophils	431.3	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	106000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Calculated
PDW	29.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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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	102.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	14.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	52.3	35-105 U/L	PNPP
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.9	6-20 mg/dl	Calculated

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Reported : 25-Mar-2023 / 15:51

CREATININE, Serum	0.53	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	143	>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	0.7	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Reported : 25-Mar-2023 / 13:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 25-Mar-2023 / 10:36
Reported : 25-Mar-2023 / 15:07

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)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

Kindly correlate clinically. Kindly correlate clinically.

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

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Reported : 25-Mar-2023 / 15:07

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*** End Of Report ***



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Reported : 25-Mar-2023 / 13:26

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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*** End Of Report ***



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Reported : 25-Mar-2023 / 14:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	85.9	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	55.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	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	16.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



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Dr. AMIT TAORI
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Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 10:36
Reported : 25-Mar-2023 / 12:34

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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	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	3.29	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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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 10:36
Reported : 25-Mar-2023 / 12:34

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 upto 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:

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 ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date:- 25/10/23

CID:

Name:- Pallavi Shee

Sex / Age: F+32

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BR 10 feet NV 2 2/32

Aided Vision: BR 6/9 NV 20/60

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Go on with own spectacles

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

Reg. No. :2308422262	Sex : FEMALE
NAME : MRS.SHREE PALLVI	Age : 32 YRS
Ref. By : -----	Date : 25.03.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears mildly enlarged in size (16.0cm) and shows increased echoreflectivity.. 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 10.3 x 4.2 cm. Left kidney measures 11.6 x 4.7 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 anteverted and measures 6.9 x 3.0 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.6 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further evaluation.

Platy

DR.DEVENDRA PATIL

MD (RADIO DIAGNOSIS)

(CONSULTANT RADIOLOGIST)



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Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 16:20

R
E
P
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R
T

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-----

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032510170632>

Age **31** **1** **7**
years months days

Gender **Female**

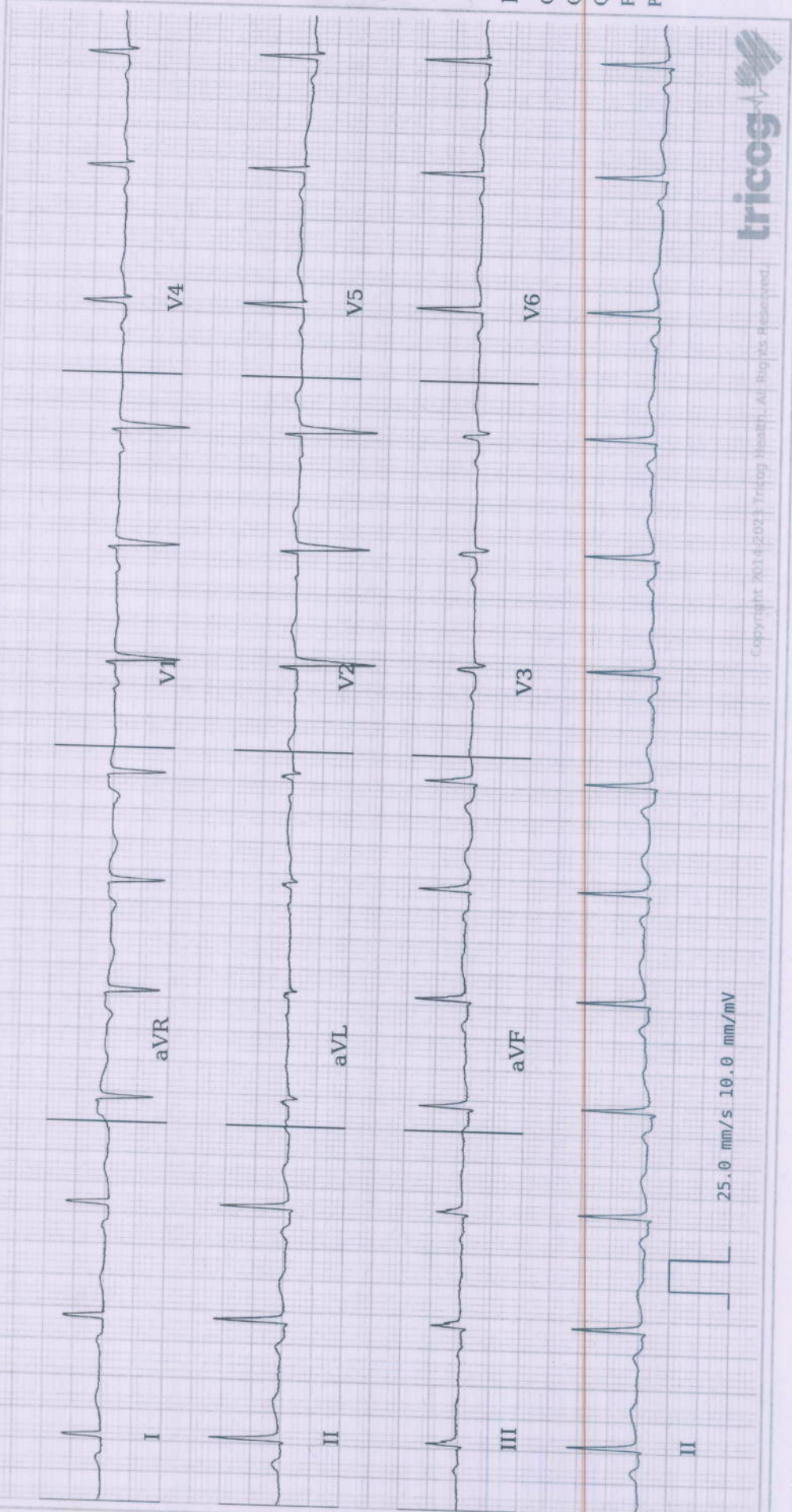
Heart Rate **81bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 70 kg
Height: 168 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRS: 78ms
QT: 368ms
QTc: 427ms
PR: 176ms
P-R-T: 44° 54° 46°



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ECG Within Normal Limits: Sinus Rhythm,. 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.

Arcofemi

740 (2308422262) / SHREE PALLAVI / 31 Yrs / F / 168 Cms / 70 Kg
Date: 25 / 03 / 2023 12:04:25 PM

76HPL

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	088	47 %	120/80	105	00	
Standing	00:14	0:07	00.0	00.0	01.0	088	47 %	120/80	105	00	
HV	00:22	0:08	00.0	00.0	01.0	090	48 %	120/80	108	00	
ExStart	00:30	0:08	00.0	00.0	01.0	090	48 %	120/80	108	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	123	65 %	130/80	159	00	
BRUCE Stage 2	06:30	3:00	02.5	12.0	07.1	146	77 %	140/80	204	00	
BRUCE Stage 3	09:30	3:00	03.4	14.0	10.2	156	83 %	160/80	249	00	
PeakEx	09:42	0:12	04.2	16.0	10.4	155	82 %	160/80	248	00	
Recovery	10:42	1:00	00.0	00.0	04.2	114	60 %	160/80	182	00	
Recovery	11:42	2:00	00.0	00.0	01.0	115	61 %	130/80	149	00	
Recovery	11:54				00.0	000	0 %	--/--	000	00	

FINDINGS :

Exercise Time : 09:12

Initial HR (ExStrt) : 90 bpm 48% of Target 189

Initial BP (ExStrt) : 120/80 (mm/Hg)

Max WorkLoad Attained : 10.4 Good response to induced stress

Max ST Dep Lead & Avg ST Value : 1t & -1.9 mm in Stage 3

Test End Reasons : Feeling Uncomfortable , Fatigue,

Max HR Attained 156 bpm 83% of Target 189

Max BP Attained 160/80 (mm/Hg)

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

Doctor : DR SHAILAJA PILLAI

EMG II:
745 / SHREE FALLAVI / 31 Yrs / F / 168 Cms / 70 Kg Date: 25 / 03 / 2023 12:04:25 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.6. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Feeling Uncomfortable , Fatigue,.

CONCLUSIONS:

1. TMT seems negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Basic ECG Nonspecific ST T changes.

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

Doctor : DR SHAILAJA PILLAI



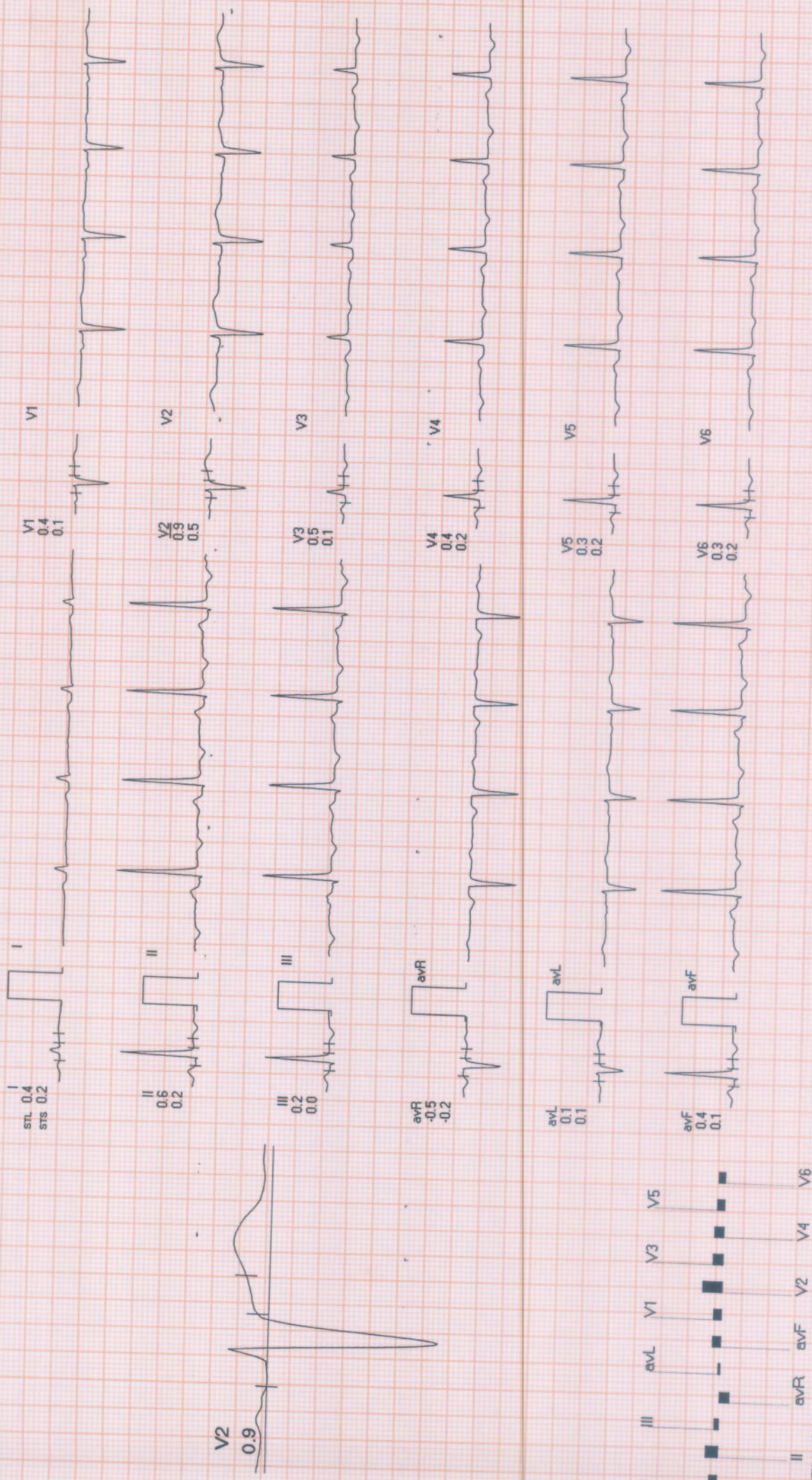


Date: 25 / 03 / 2023 12:04:25 PM

METS: 1.0 / 84 bpm 44% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 25/03/2023 12:04:25 PM

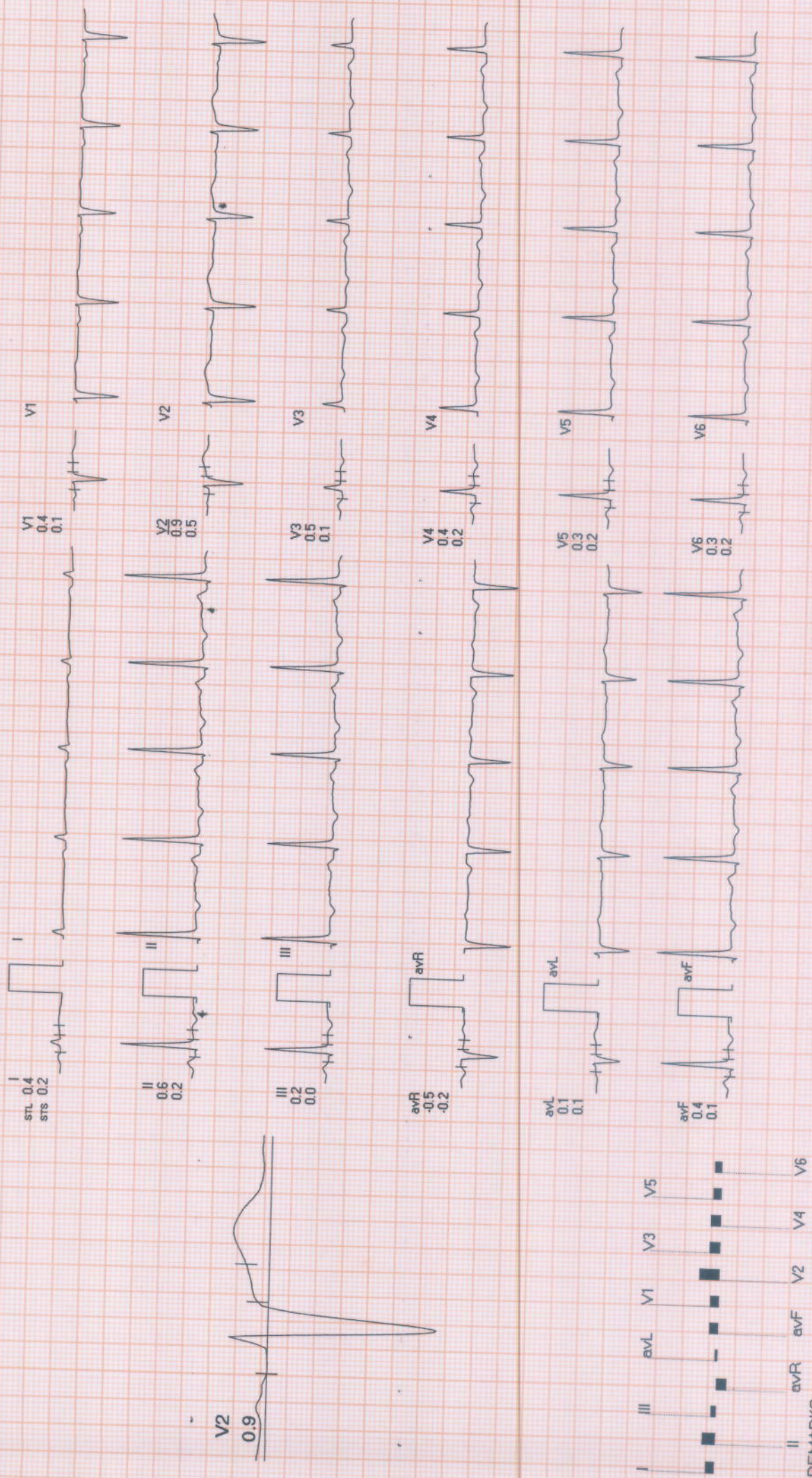
METS: 1.0/ 88 bpm 47% of THR BP: 120/80 mmHg

Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



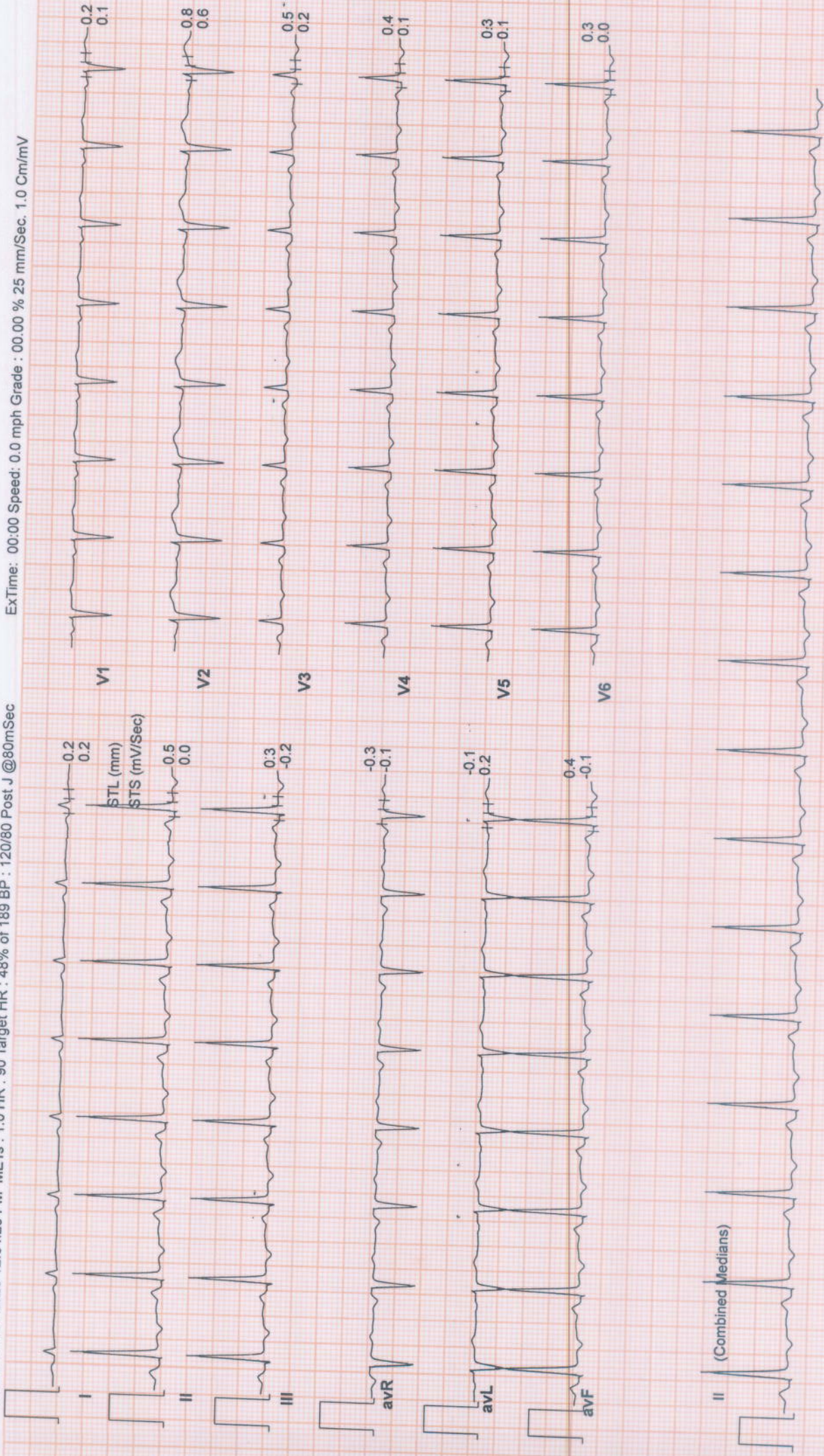
REMARKS:





Date: 25 / 03 / 2023 12:04:25 PM METs : 1.0 HR : 90 Target HR : 48% of 189 BP : 120/80 Post J @80mSec

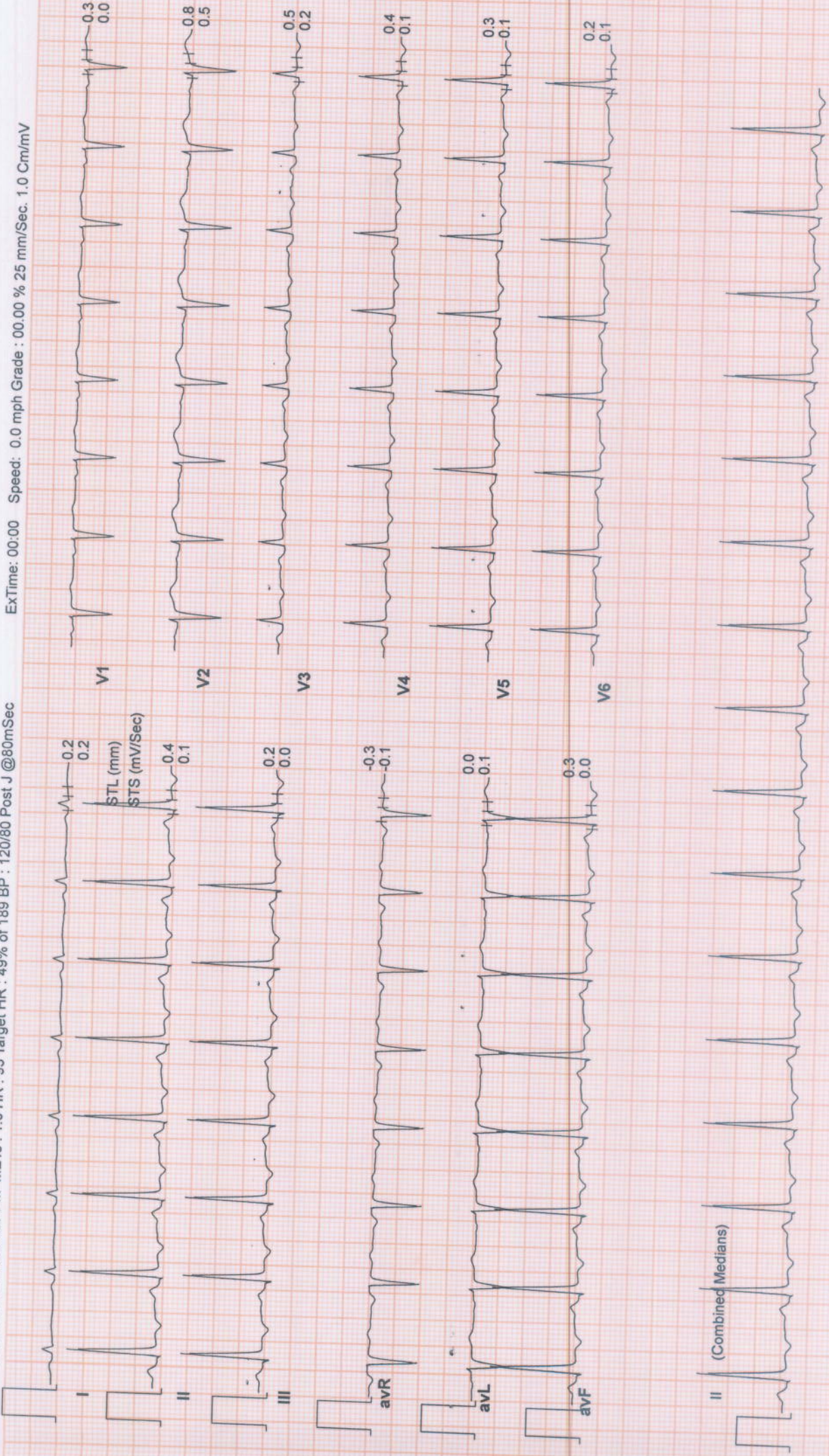
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





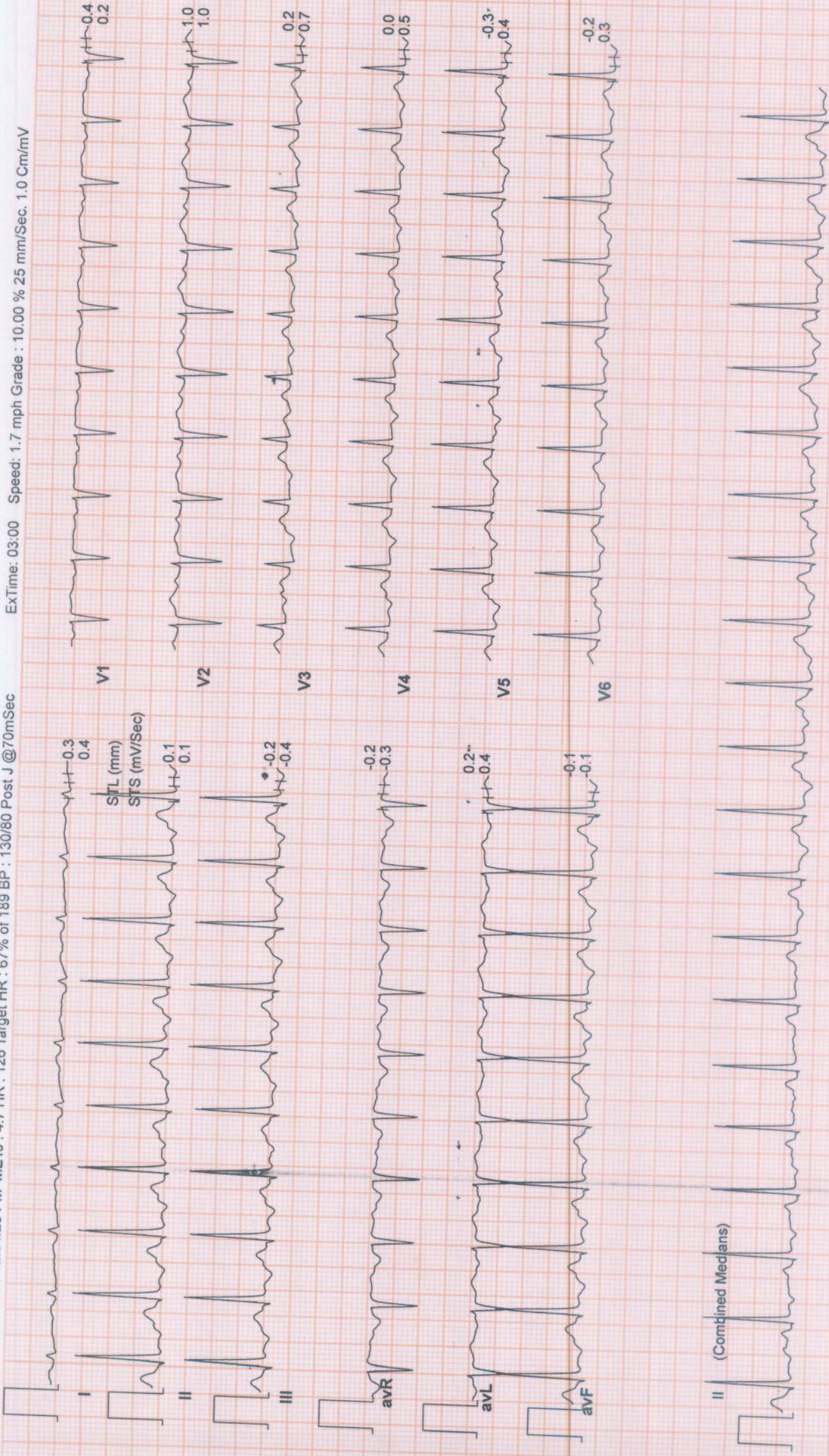
Date: 25 / 03 / 2023 12:04:25 PM METs : 1.0 HR : 93 Target HR : 49% of 189 BP : 120/80 Post J @80mSec

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



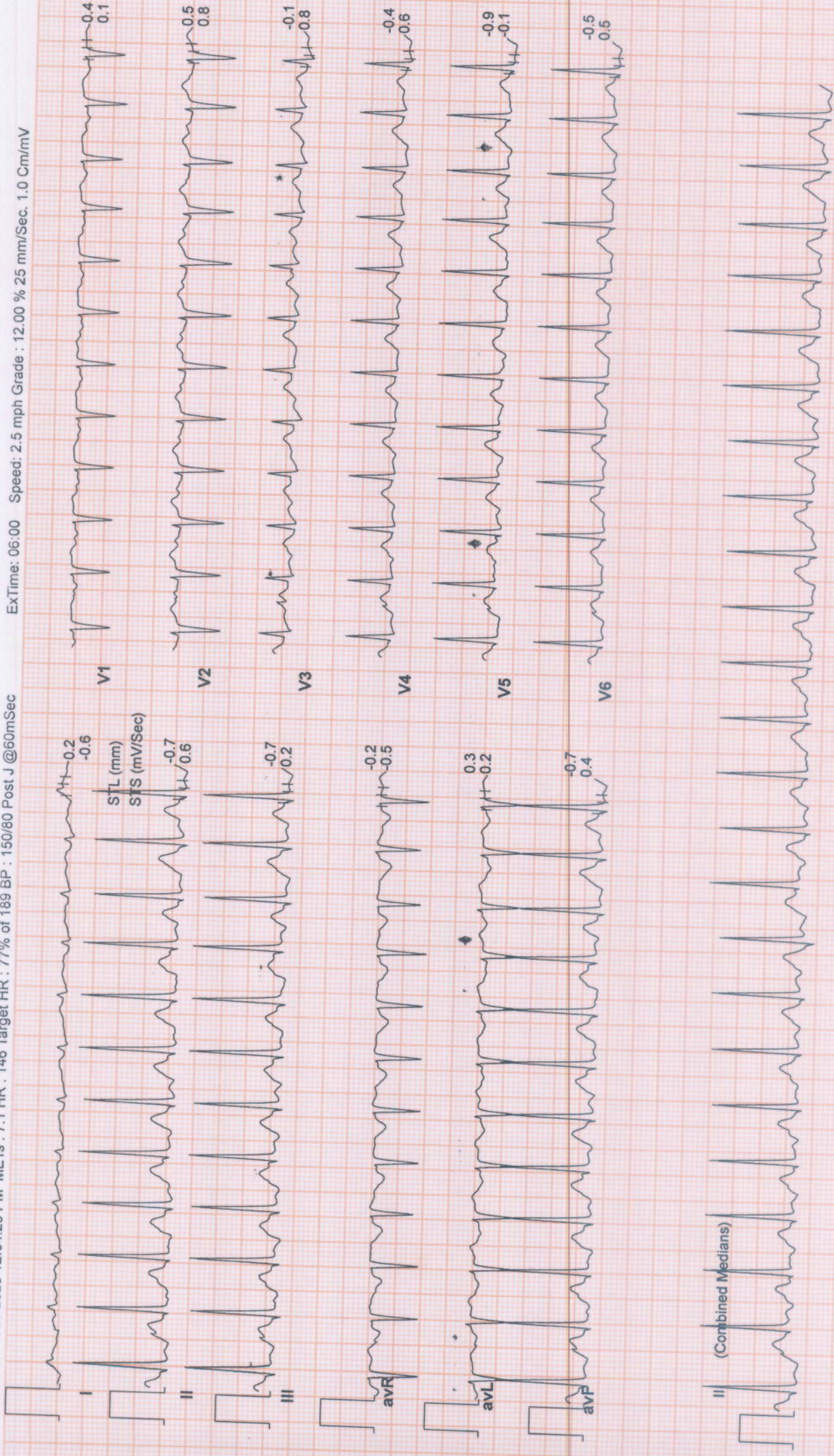
Date: 25 / 03 / 2023 12:04:25 PM METs : 4.7 HR : 126 Target HR : 67% of 189 BP : 130/80 Post J @ 70mSec

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



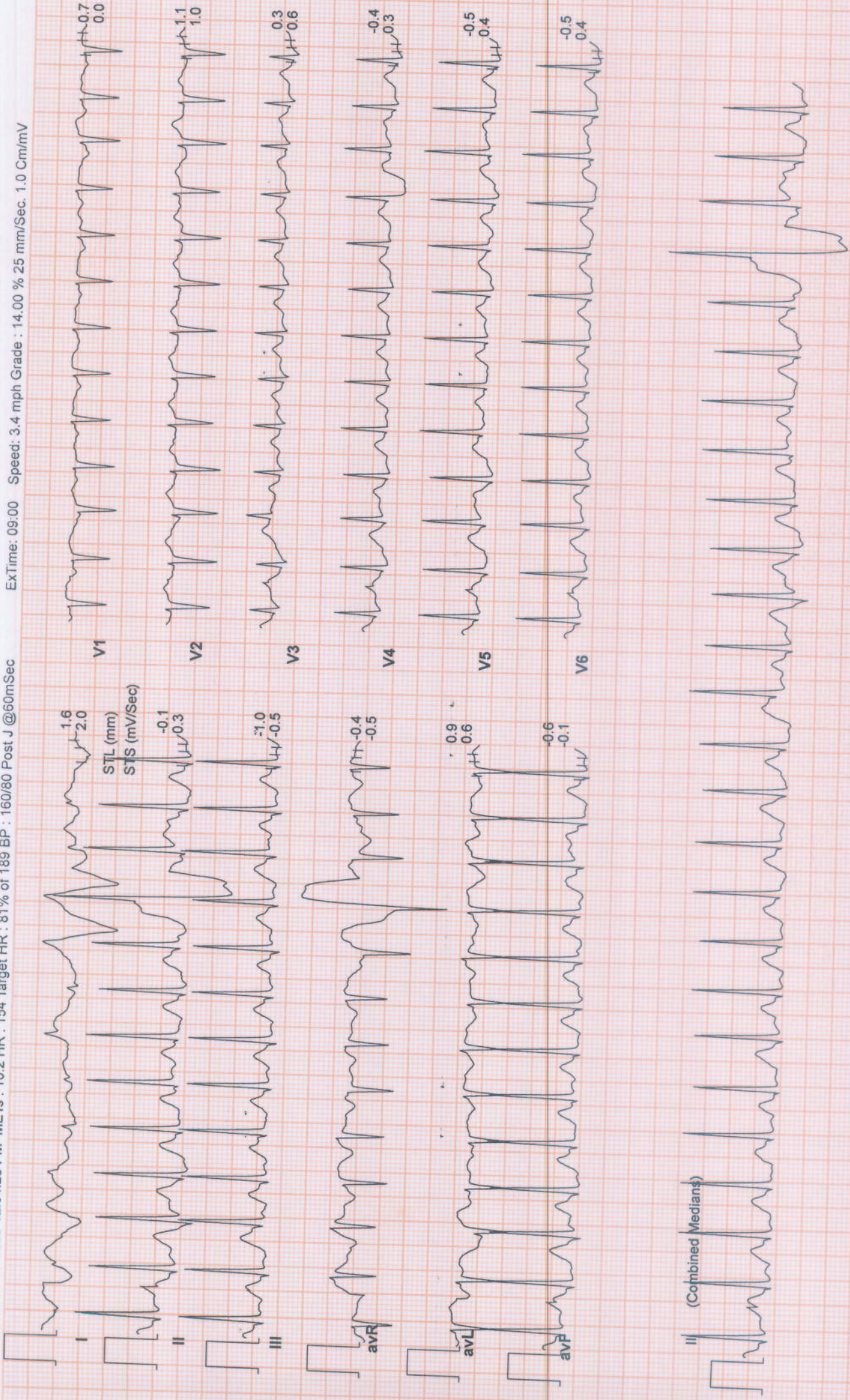
Date: 25 / 03 / 2023 12:04:25 PM METs : 7.1 HR : 146 Target HR : 77% of 189 BP : 150/80 Post J @60mSec

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



Date: 25 / 03 / 2023 12:04:25 PM METs : 10.2 HR : 154 Target HR : 81% of 189 BP : 160/80 Post J @60mSec

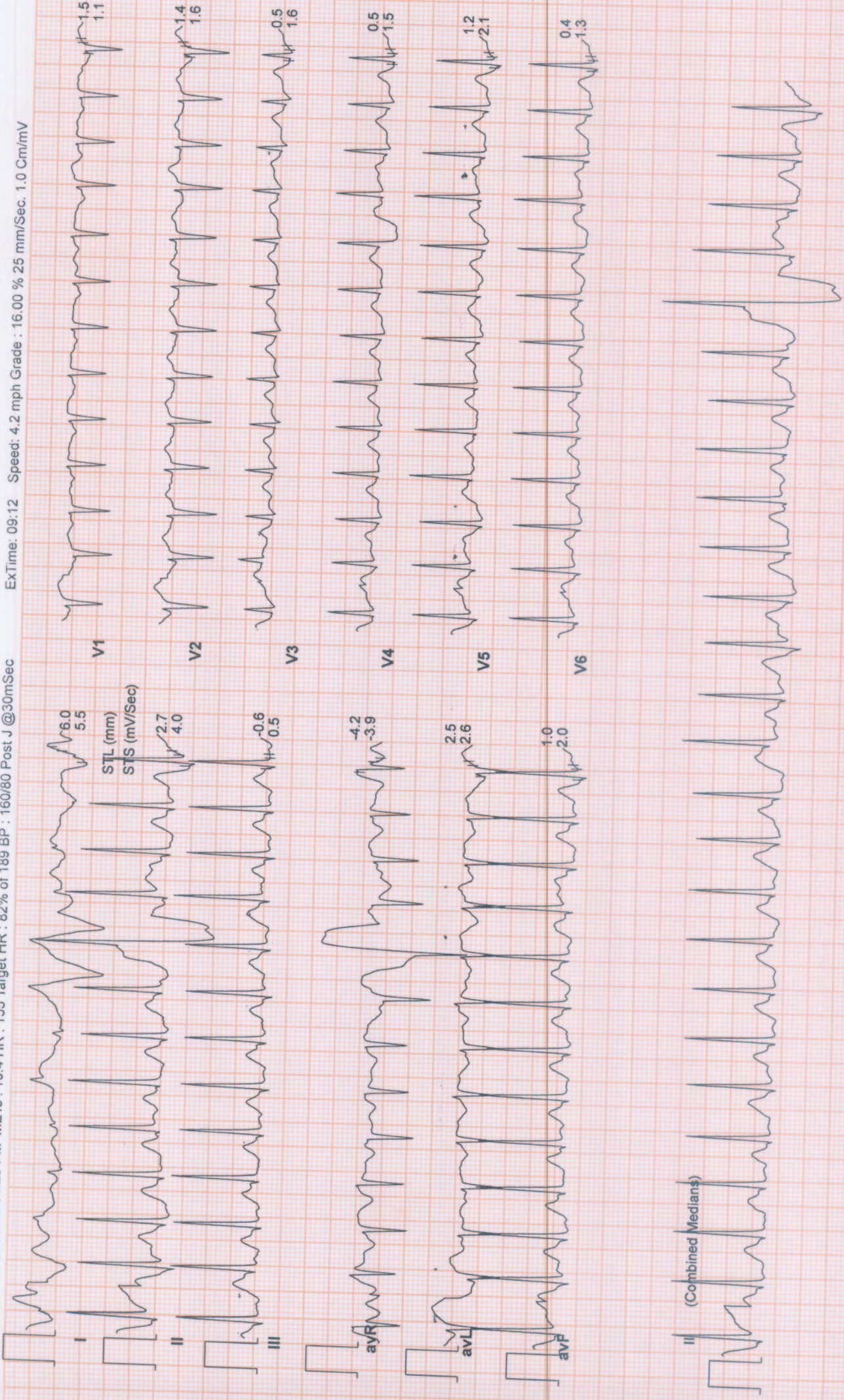
ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



III (Combined Medians)

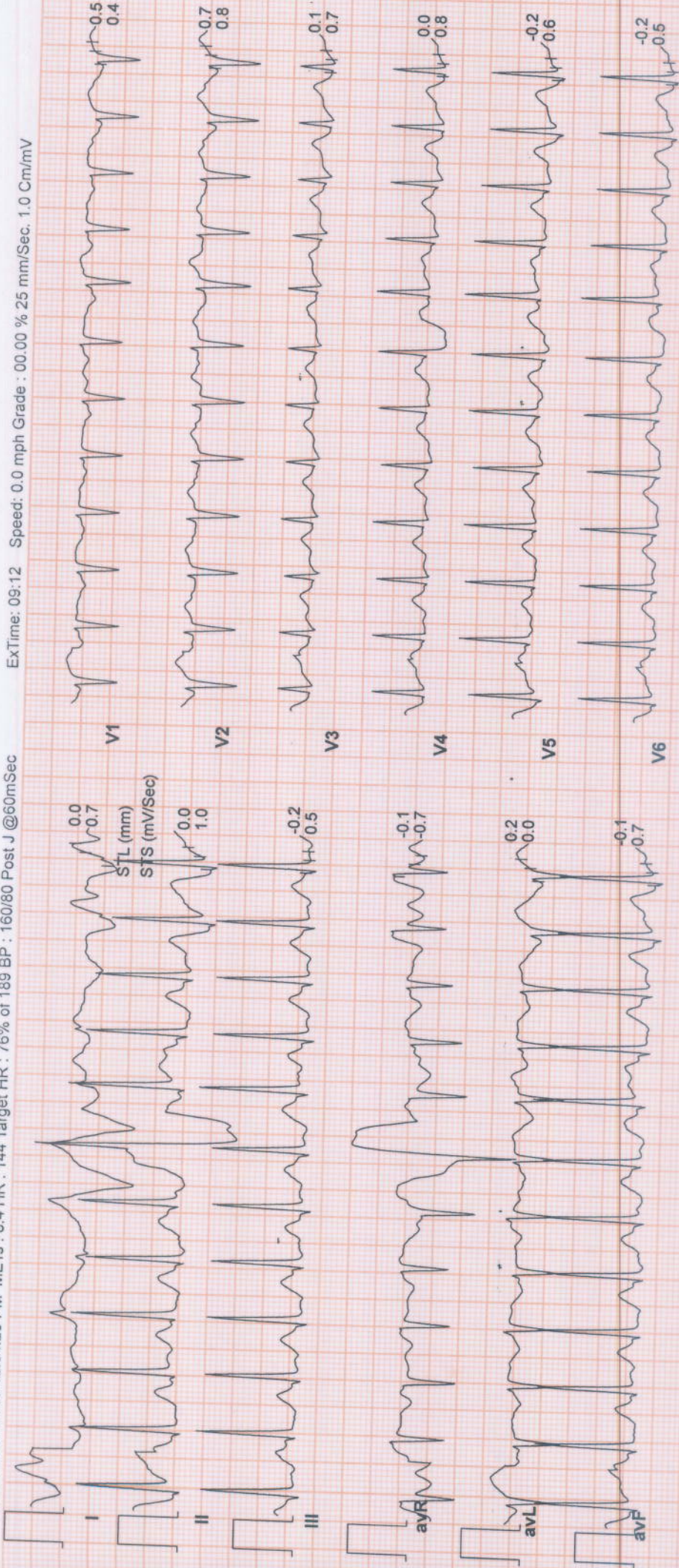
Date: 25 / 03 / 2023 12:04:25 PM METs : 10.4 HR : 155 Target HR : 82% of 189 BP : 160/80 Post J @30mSec

ExTime: 09:12 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mv



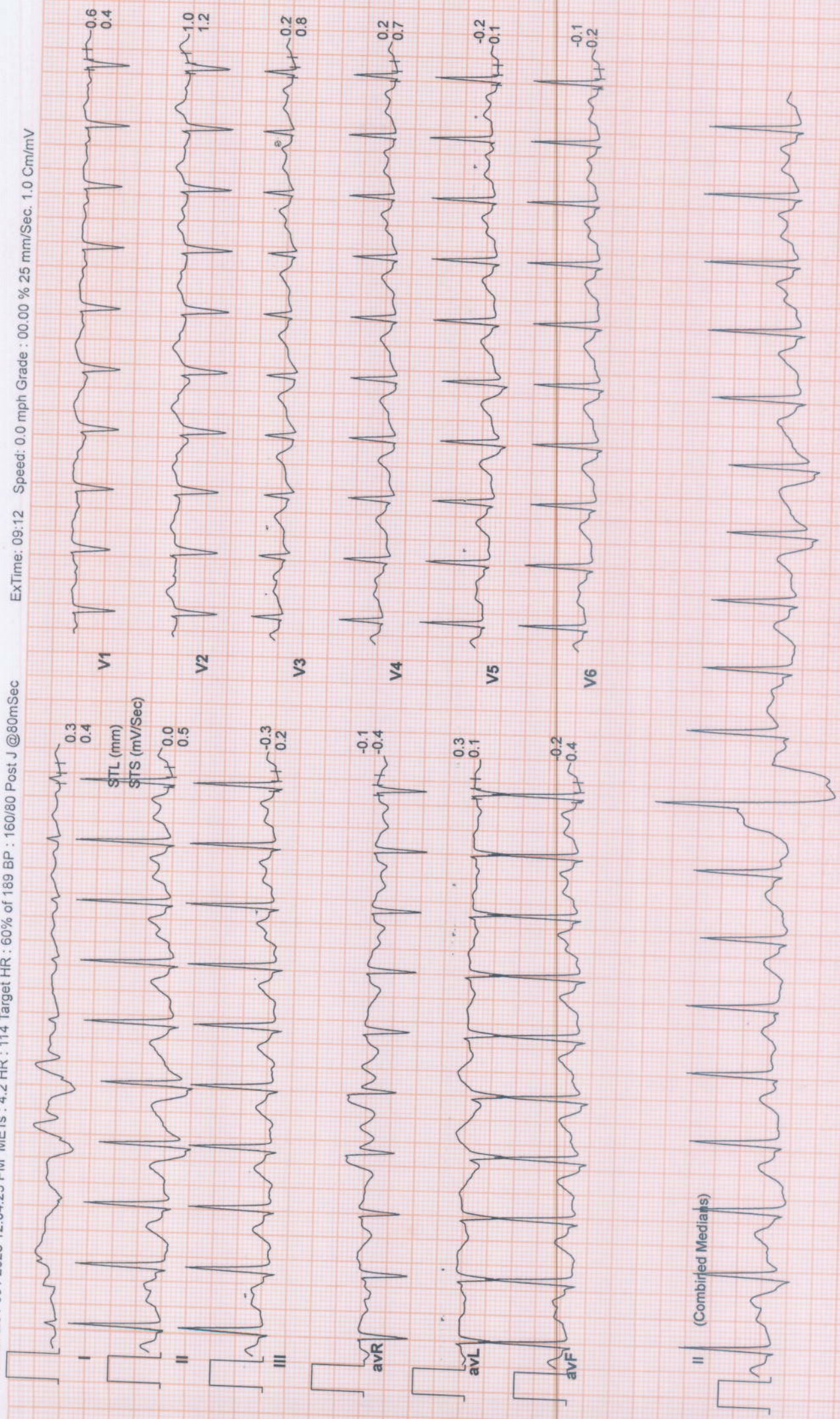
Date: 25 / 03 / 2023 12:04:25 PM METs : 8.4 HR : 144 Target HR : 76% of 189 BP : 160/80 Post J @60mSec

ExTime: 09:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



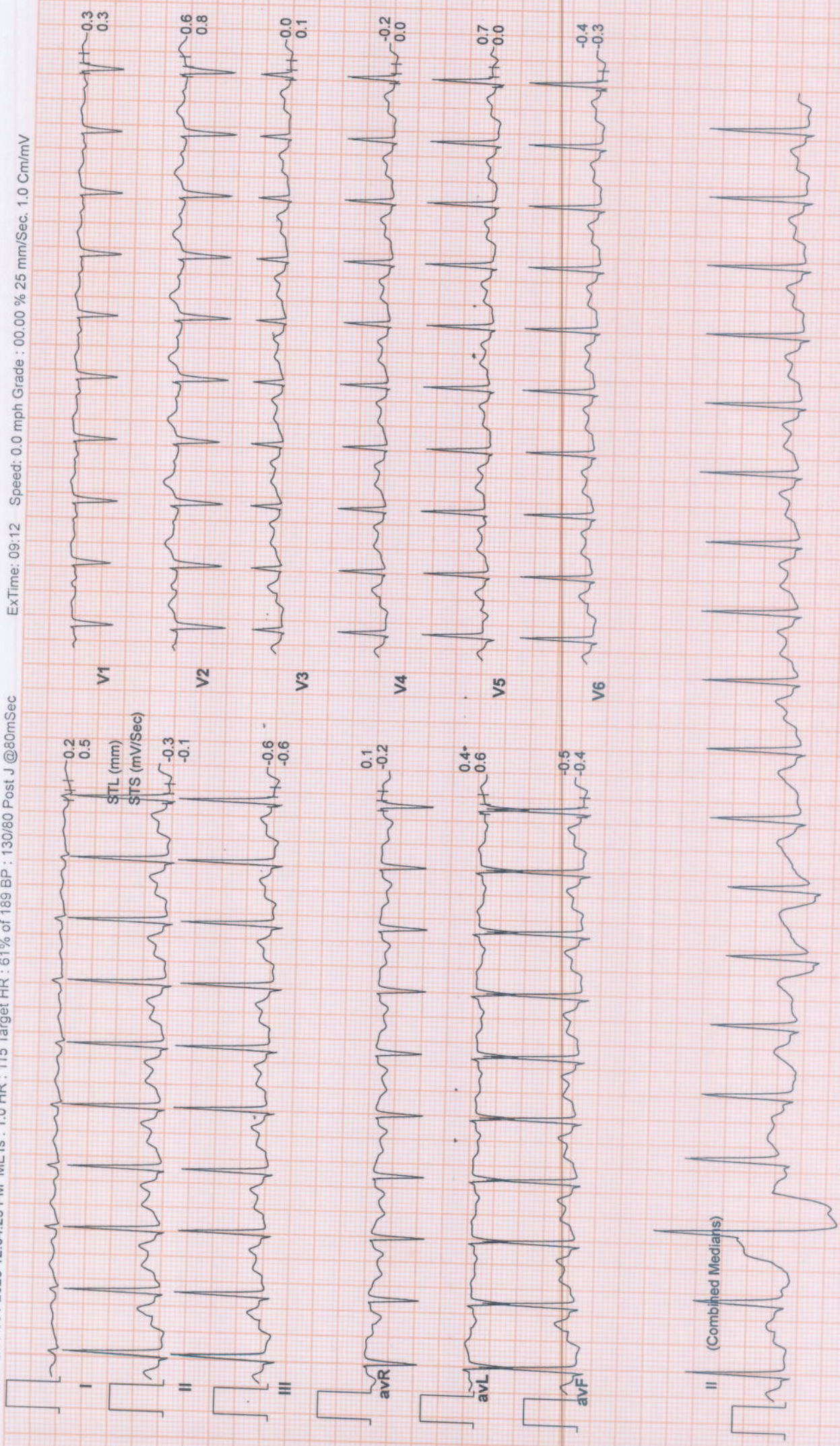
Date: 25 / 03 / 2023 12:04:25 PM METs : 4.2 HR : 114 Target HR : 60% of 189 BP : 160/80 Post J @80mSec

ExTime: 09:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 25 / 03 / 2023 12:04:25 PM METs : 1.0 HR : 115 Target HR : 61% of 189 BP : 130/80 Post J @80mSec

ExTime: 09:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 25 / 03 / 2023 12:04:25 PM METs : 1.0 HR : 113 Target HR : 60% of 189 BP : 130/80 Post J @80mSec

ExTime: 09:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

