



CID : 2309821493
Name : MRS.PAWSE TANUJA NILESH
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Apr-2023 / 09:09
Reported : 08-Apr-2023 / 12:19

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.83	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.4	36-46 %	Measured
MCV	87.2	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.8	20-40 %	
Absolute Lymphocytes	2172.8	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	492.8	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	2923.2	2000-7000 /cmm	Calculated
Eosinophils	0.2	1-6 %	
Absolute Eosinophils	11.2	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.

PLATELET PARAMETERS

Platelet Count	339000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated

RBC MORPHOLOGY



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 34 2-20 mm at 1 hr. Sedimentation

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

J. Mujawar

Dr. IMRAN MUJAWAR
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	92.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.15	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.07	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.08	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	15.1	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	50.7	35-105 U/L	PNPP
BLOOD UREA, Serum	12.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.9	6-20 mg/dl	Calculated



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Collected : 08-Apr-2023 / 09:09
Reported : 08-Apr-2023 / 15:48

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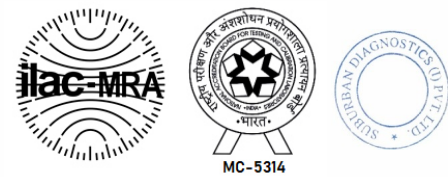
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	3.4	2.4-5.7 mg/dl	Uricase
------------------	-----	---------------	---------

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

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



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G B Road Lab, Thane West

*** End Of Report ***



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Reported : 08-Apr-2023 / 15:34

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)	Neutral (7.0)	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

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

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

Reference: Pack insert

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

*** End Of Report ***

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

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

NOTE: Test performed by 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.

Refernces:

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 G B Road Lab, Thane West

*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	197.2	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	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	39.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Apr-2023 / 09:09
Reported : 08-Apr-2023 / 16:10

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	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	0.953	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

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

J. Mujawar

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M.D (Path)
Pathologist





भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 0013/88004/00726

To
Tanuja Nilesh Pawse

Flat No 6A, 6th Floor G Corp Bellagio Chst.
Ghodbunder Road,
Kasarvadavali, Thane West.
VTC: Thane, PO: Kasarvadavali,
Sub District: Thane, District: Thane,
State: Maharashtra, PIN Code: 400615,
Mobile: 9422769915

05282432



KG052824325F1



आपका आधार क्रमांक / Your Aadhaar No. :

4508 7305 6475

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 10/01/2012



Tanuja Nilesh Pawse
DOB: 04/06/1987
Female

4508 7305 6475

मेरा आधार, मेरी पहचान

Tanuja Pawse

[Signature]

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Tanuja Pawar	Sex/Age	M/35yr
Date	08/04/2023	Location	KASARVADAVALI

History and Complaints

- No necks / No symptoms
- father = NTR, mother = MPDM & HTN
- ~~No~~ Hosp / ~~No~~ SX = C-section

EXAMINATION FINDINGS:

Height	166	Temp (0c):	} NAD
Weight	67	Skin:	
Blood Pressure	130/80	Nails:	
Pulse	70/min	Lymph Node:	

Systems :

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

Impression:

- Slightly low Hb = 11.0, ↑ ESR
- ↑ TG, LDL

ADVICE :

Regular exercise & morning walk
Avoid fried, fatty food & Moring diet

CHIEF COMPLAINTS :

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	No
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol		} NO
2)	Smoking		
3)	Diet	=	Mixed
4)	Medication	=	NIL

Dr. Kaviraj H. Shah
M.B.B.S., D.CARD.
MMC Road, No.3488



Date : 05/08/2023

CID :

Name : Mrs. Tanuja Pawse

Sex/Age : F / 35yos

EYE CHECK UP

Chief complaints : Headache (on & off)

Systematic Diseases : NIL

Past History : NIL

Unaided Vision :
} Rt Eye = 6/9
} Lt Eye = 6/9

Aided Vision :
Yes

Refraction : RE for Both Eyes

Colour Vision : Normal colour vision

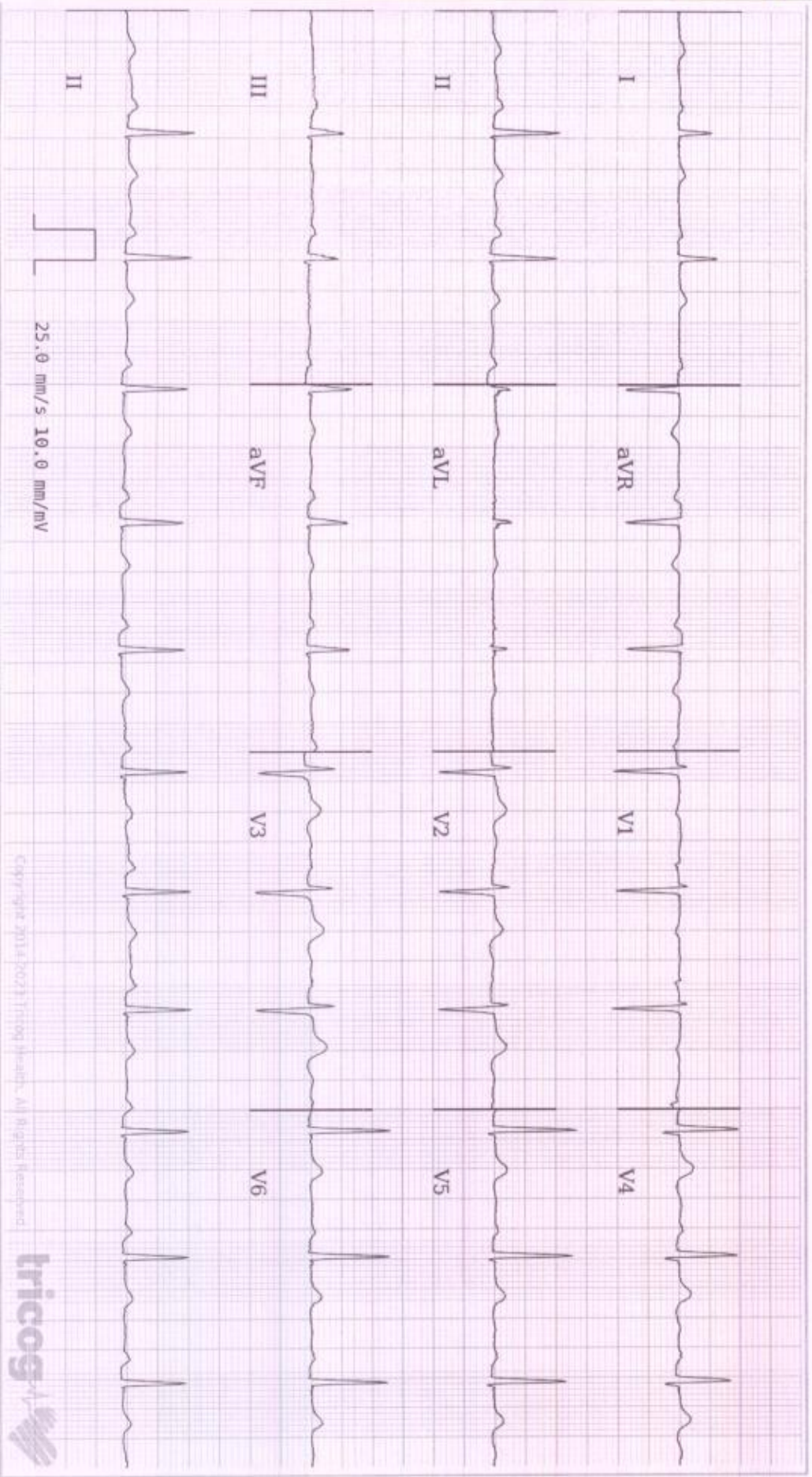
Remarks : RE of Both Eyes for far vision
(corrected to spectacle)



Patient Name: PAWSE TANUJA NILESH

Date and Time: 8th Apr 23 10:24 AM

Patient ID: 2309821493



25.0 mm/s 10.0 mm/mV

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Age **35** 10 4
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 67 kg

Height: 166 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 400ms

QTcB: 438ms

PR: 178ms

P-R-T: 62° 51° 45°

REPORTED BY

Dr. Kavin Shah
MBBS, DCCARD
2009/103488

ECG Within Normal Limits: Sinus Rhythm. Normal axis. Please correlate clinically.

Disclaimer: This analysis is only a report as heard 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. 24 Patient Vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 08-Apr-23
 Name: MRS. TANUJA PAWSE ID: 2306821493
 Age: 35 y Sex: F
 Clinical History: NIL

Time: 10:34:31 AM

Height: 166 cms

Weight: 67 Kgs

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 185 bpm THR: 157 (85 % of Pr.MHR) bpm
 Total Exec. Time: 7 m 0 s Max. HR: 162 (88% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 160 / 80 mmHg Max. BP x HR: 25920 mmHg/min Min. BP x HR: 6640 mmHg/min
 Test Termination Criteria: THR achieved

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 : 15	1.0	0	0	99	130 / 80	-0.21 III	-0.71 V1
Standing	0 : 9	1.0	0	0	89	130 / 80	-0.21 III	-0.71 V1
Hyperventilation	0 : 12	1.0	0	0	83	130 / 80	-0.21 aVR	0.71 V4
1	3 : 0	4.6	1.7	10	120	140 / 80	-0.64 aVR	-1.06 III
2	3 : 0	7.0	2.5	12	142	150 / 80	-1.49 V5	1.77 V3
Peak Ex	1 : 0	10.2	3.4	14	162	160 / 80	-2.55 V5	1.42 I
Recovery(1)	1 : 0	1.8	1	0	128	160 / 80	-2.12 V6	2.83 V4
Recovery(2)	1 : 0	1.0	0	0	103	150 / 80	-0.64 aVR	2.48 V4
Recovery(3)	1 : 0	1.0	0	0	94	140 / 80	-0.64 V6	1.06 V3
Recovery(4)	1 : 0	1.0	0	0	94	130 / 80	-0.64 V5	0.71 V4
Recovery(5)	0 : 31	1.0	0	0	90	130 / 80	-0.85 V6	-0.35 I

Interpretation

The patient exercised according to the Bruce protocol for 7 m 0 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 99 bpm, rose to a max: heart rate of 162 (88% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Baseline ECG s/o Normal Sinus Rhythm.

No significant ST - T changes during exercise and recovery.

No evidence of arrhythmias.

Normal haemodynamic response.

Good effort tolerance.

IMPRESSION: Stress test is NEGATIVE for inducible ischemia at moderate workload. DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)



Dr. Kavin H. Shah
 M.B.B.S., D.CARD.
 MMC Regd. No.3488

Doctor: Dr. Kavin Shah

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



MRS. TANUJA PAWSE (35 F)

Protocol: Bruce

ID: 2306821493

Stage: Supine

Date: 08-Apr-23

Speed: 0 mph

Exec Time: 0 m 0 s

Grade: 0 %

Stage Time: 0 m 9 s

(THR: 157 bpm)

HR: 91 bpm

B.P: 130 / 80

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

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

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

I

V1

0.2 0.4

0.2 0.0

II

V2

0.0 0.4

0.0 0.0

III

V3

0.0 0.4

0.4 0.4

aVR

V4

0.0 0.0

0.6 0.4

aVL

V5

0.0 0.0

0.6 0.4

aVF

V6

0.0 0.4

0.6 0.4

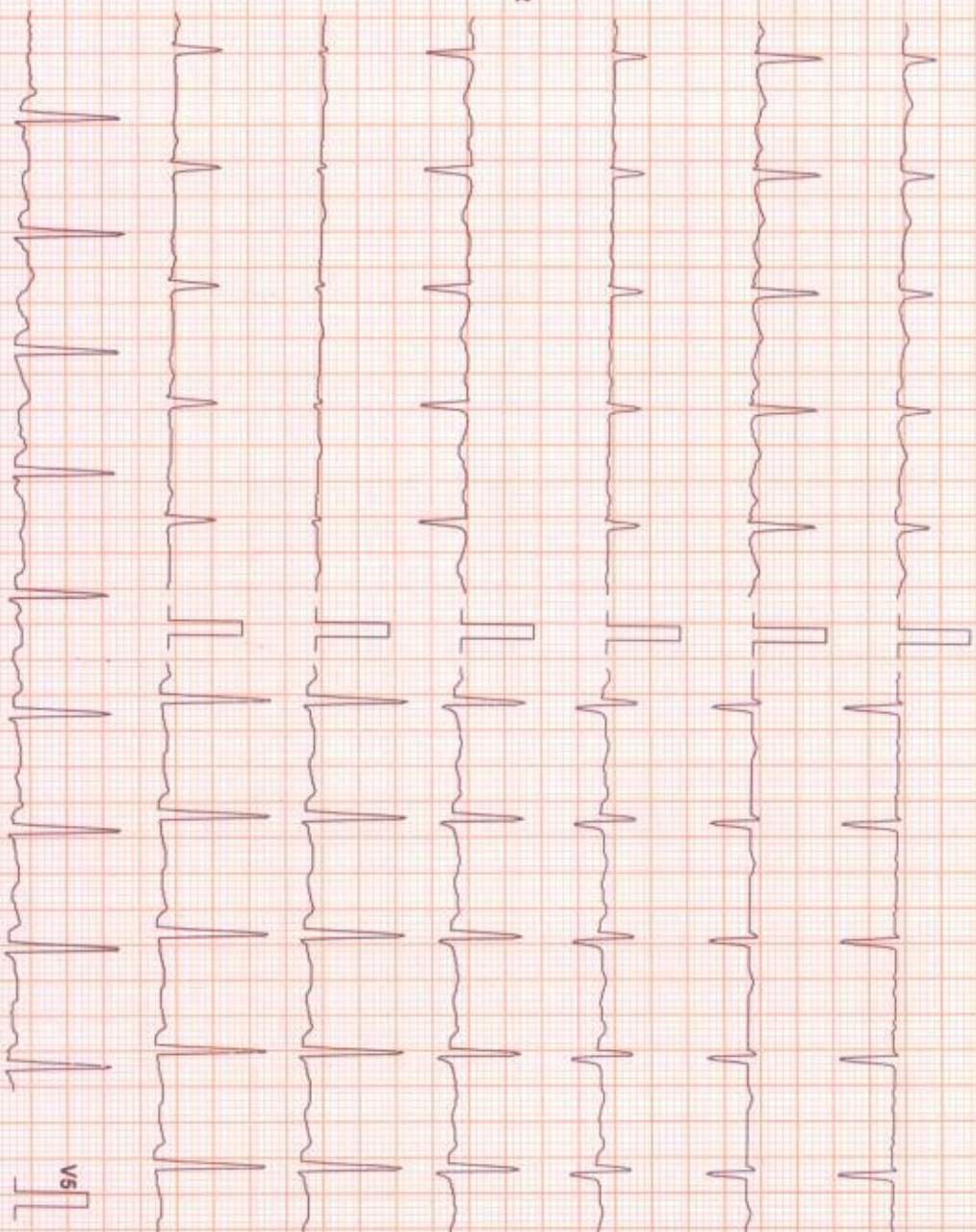


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardian V 4.7

Linked Median



MRS. TANUJA PAWSE (35 F)

Protocol: Bruce

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

ID: 2306821493
Stage: Standing

Date: 08-Apr-23 Exec Time : 0 m 0 s
Speed: 0 mph Grade: 0 %

Stage Time : 0 m 3 s
(THR: 157 bpm)

B.P: 130 / 80

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

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

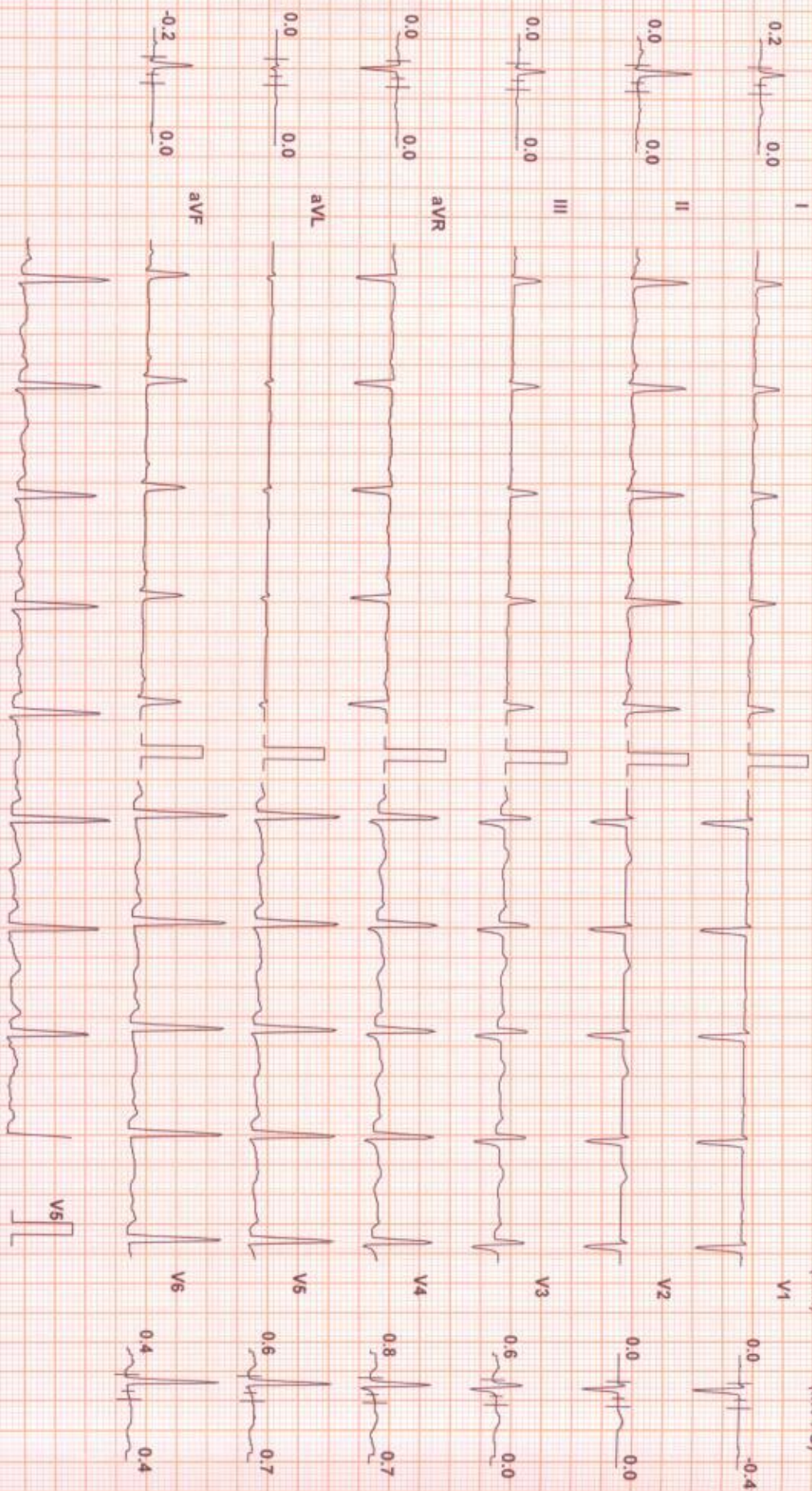


Chart Speed: 25 mm/sec
Schuler Spender V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 82 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 130 / 80

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

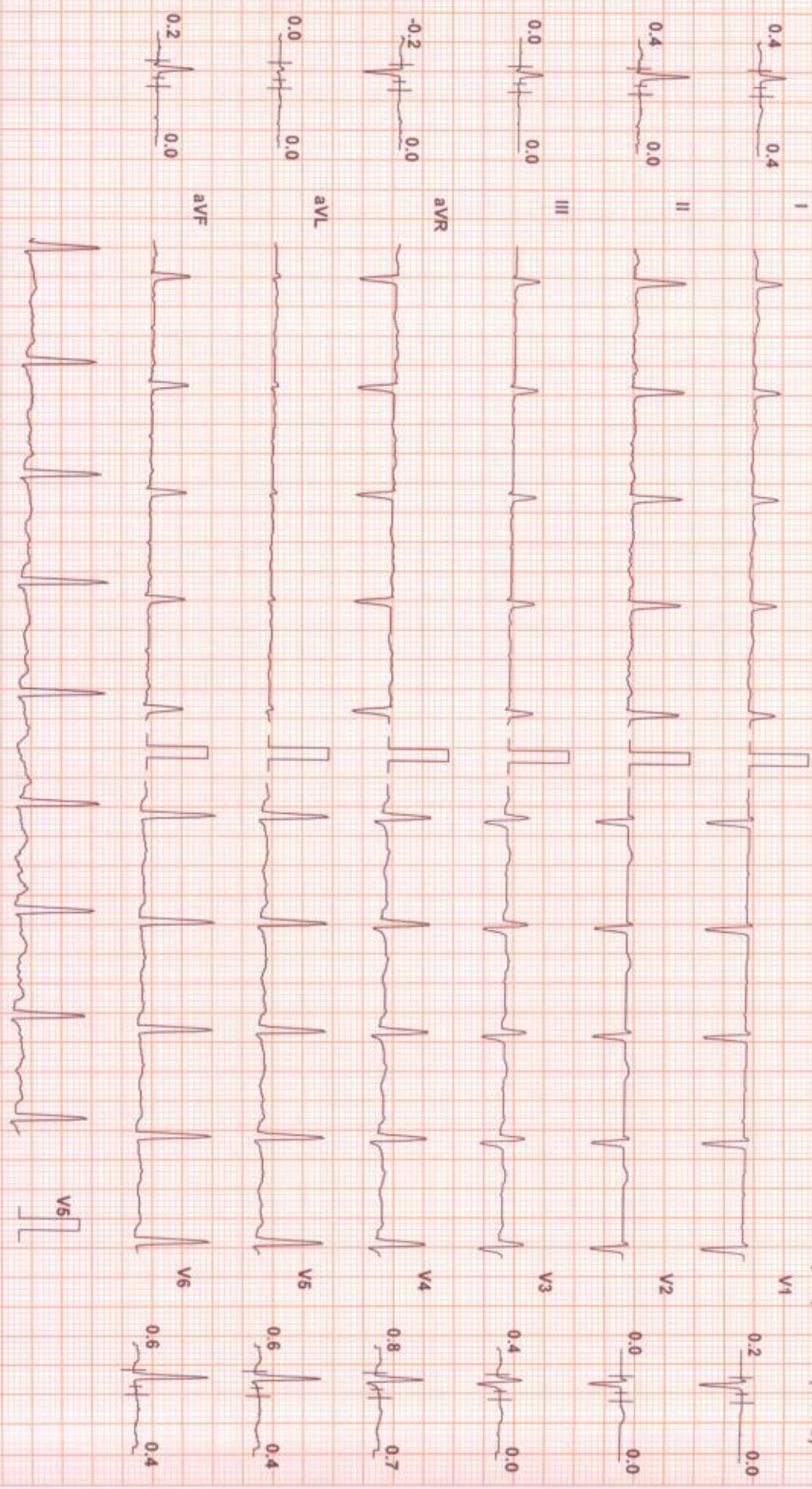


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306921493

Date: 08-Apr-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 119 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 157 bpm)

B.P. 140 / 80

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

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

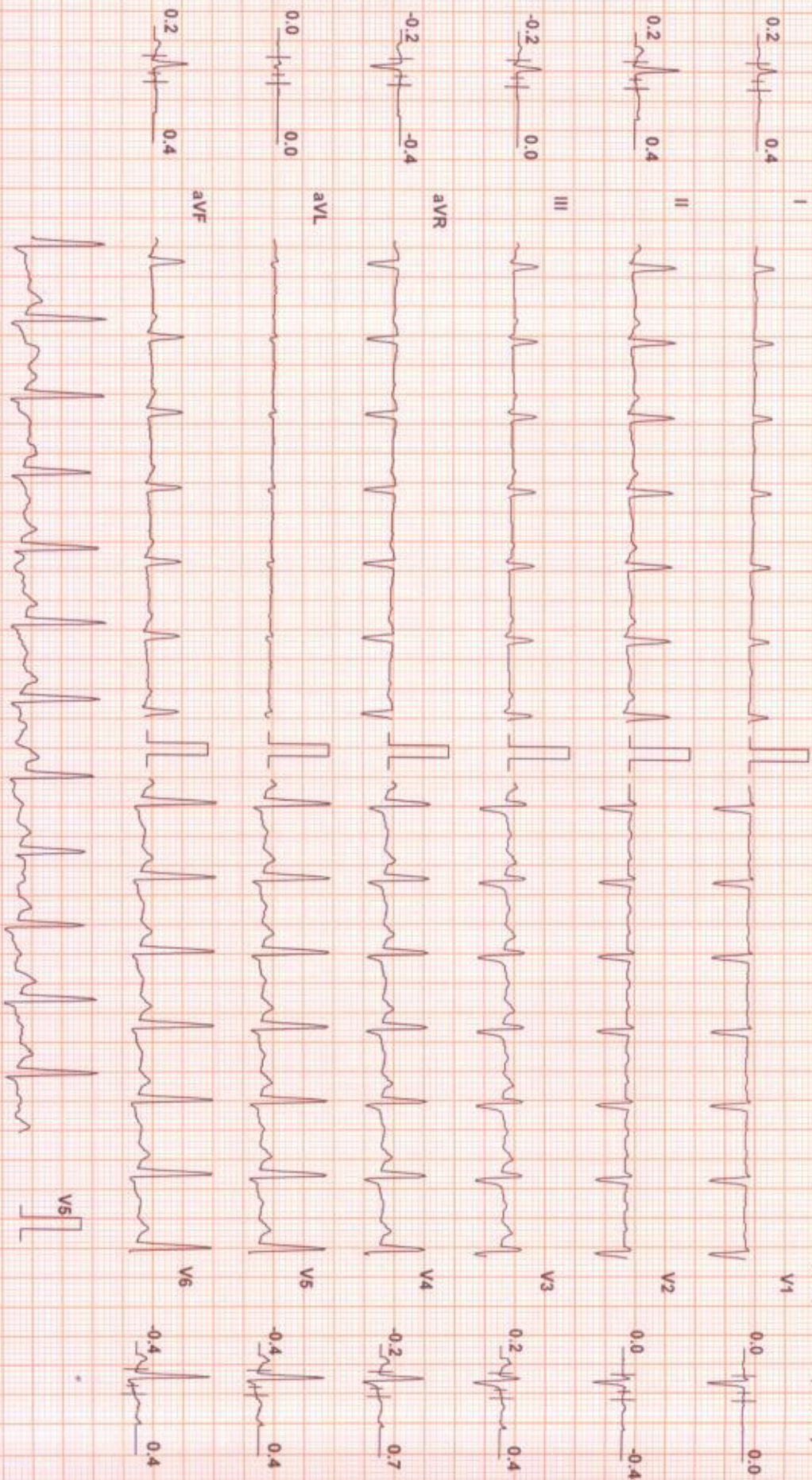


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandian V 4.7

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 143 bpm

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

Stage: 2

Speed: 2.5 mph

Grade: 12%

(THR: 157 bpm)

B.P. 150 / 80

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

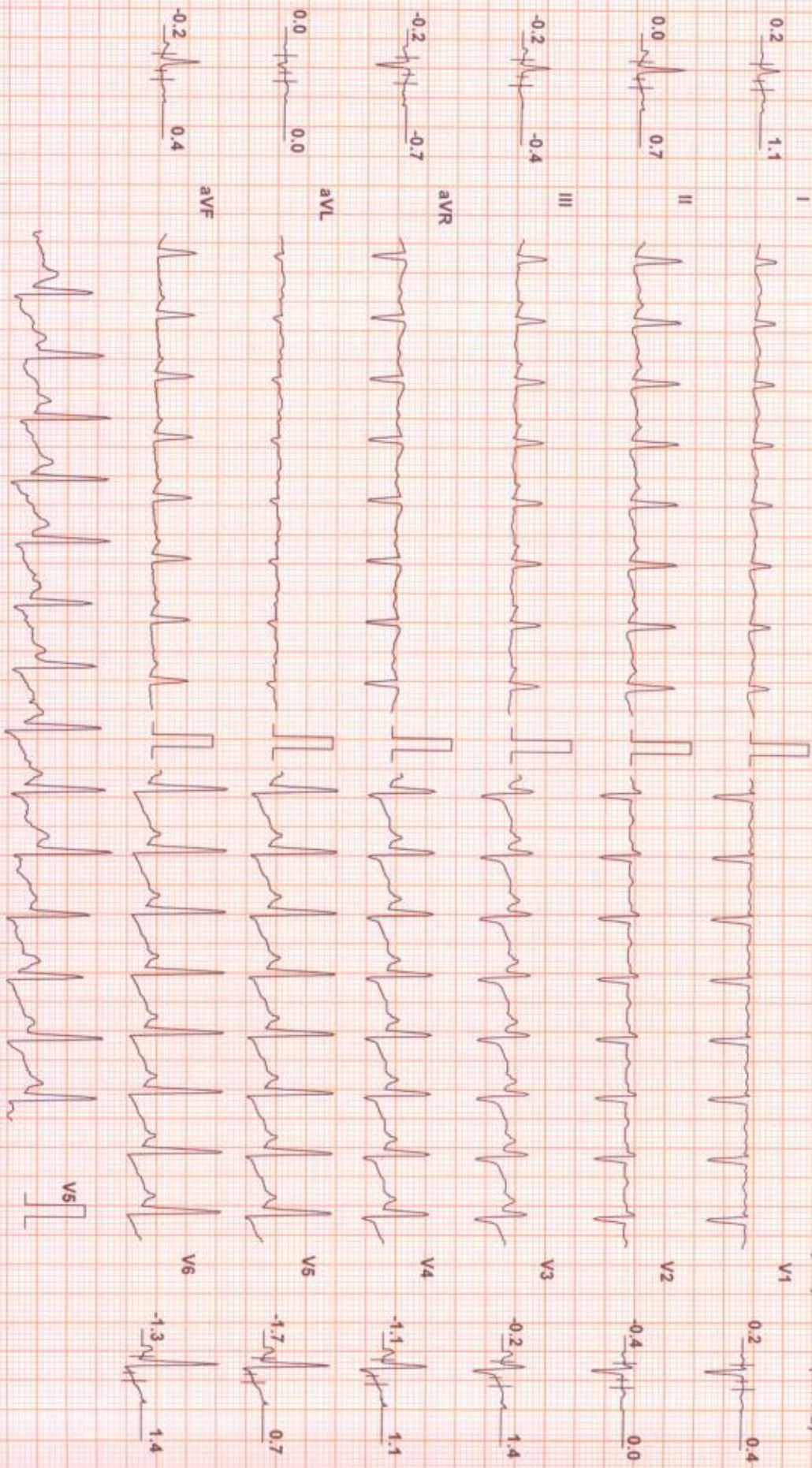


Chart Speed: 25 mm/sec
Schuler Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 6 m 54 s Stage Time : 0 m 54 s HR: 164 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 157 bpm)

R.P. 160 / 80

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

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

I 0.7

V1

II 1.1

-0.2 0.0

III 0.4

V2

0.2 0.4

aVR -1.1

V3

-0.8 1.1

aVL 0.0

V4

-1.3 1.1

aVF 1.1

V5

-1.9 0.7

V5 0.4

V6

-1.9 0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

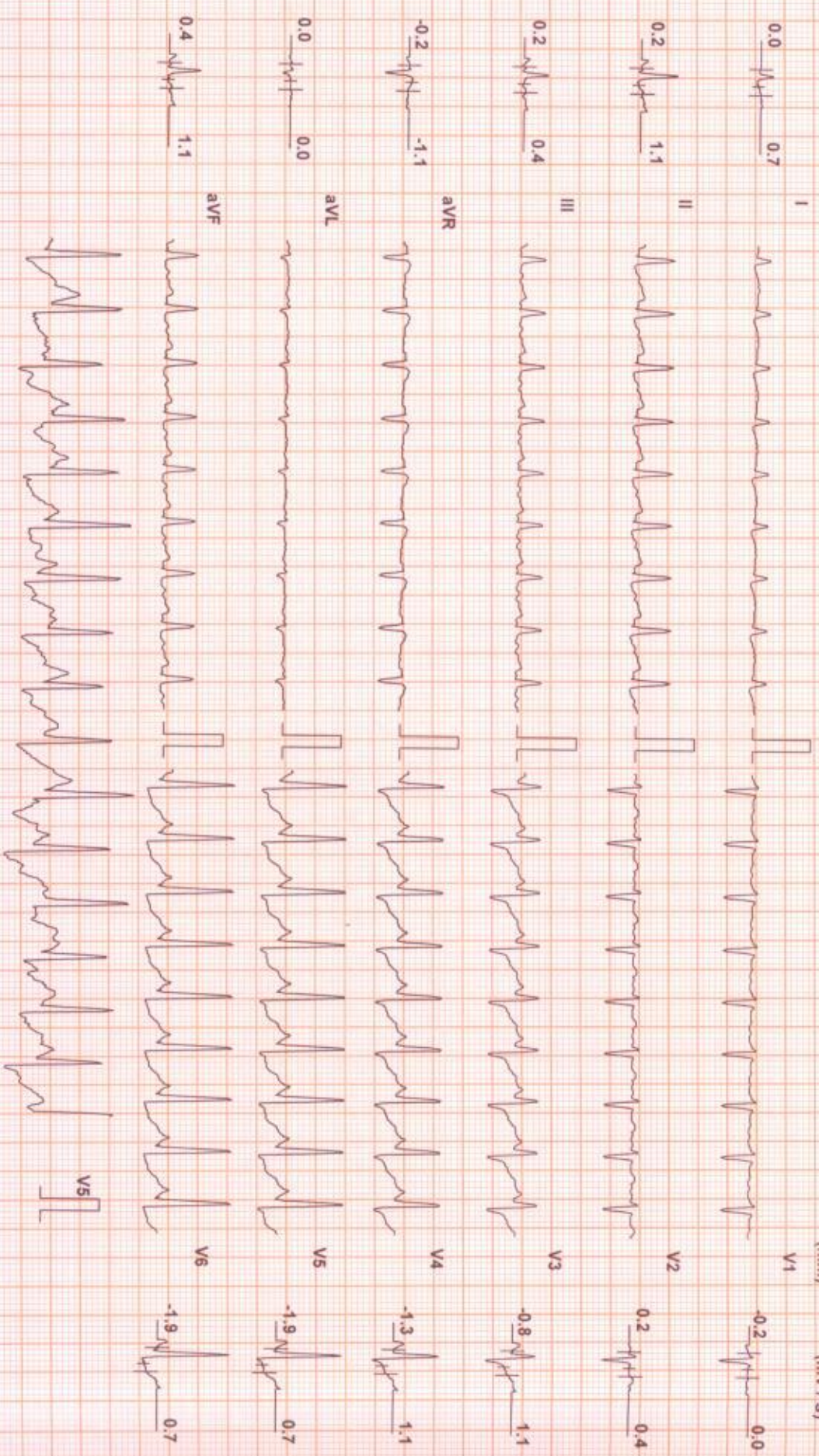
Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306921493

Date: 08-Apr-23

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s HR: 121 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 160 / 80

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

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

0.2 0.7 I



0.2 0.0 V1

0.2 0.7 II



0.2 0.4 V2

0.0 0.4 III



1.1 1.4 V3

-0.2 -0.7 aVR



1.3 2.1 V4

0.0 0.0 aVL



0.8 2.1 V5

0.0 0.4 aVF



0.6 1.8 V6



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

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s **HR: 101 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 150 / 80

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

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

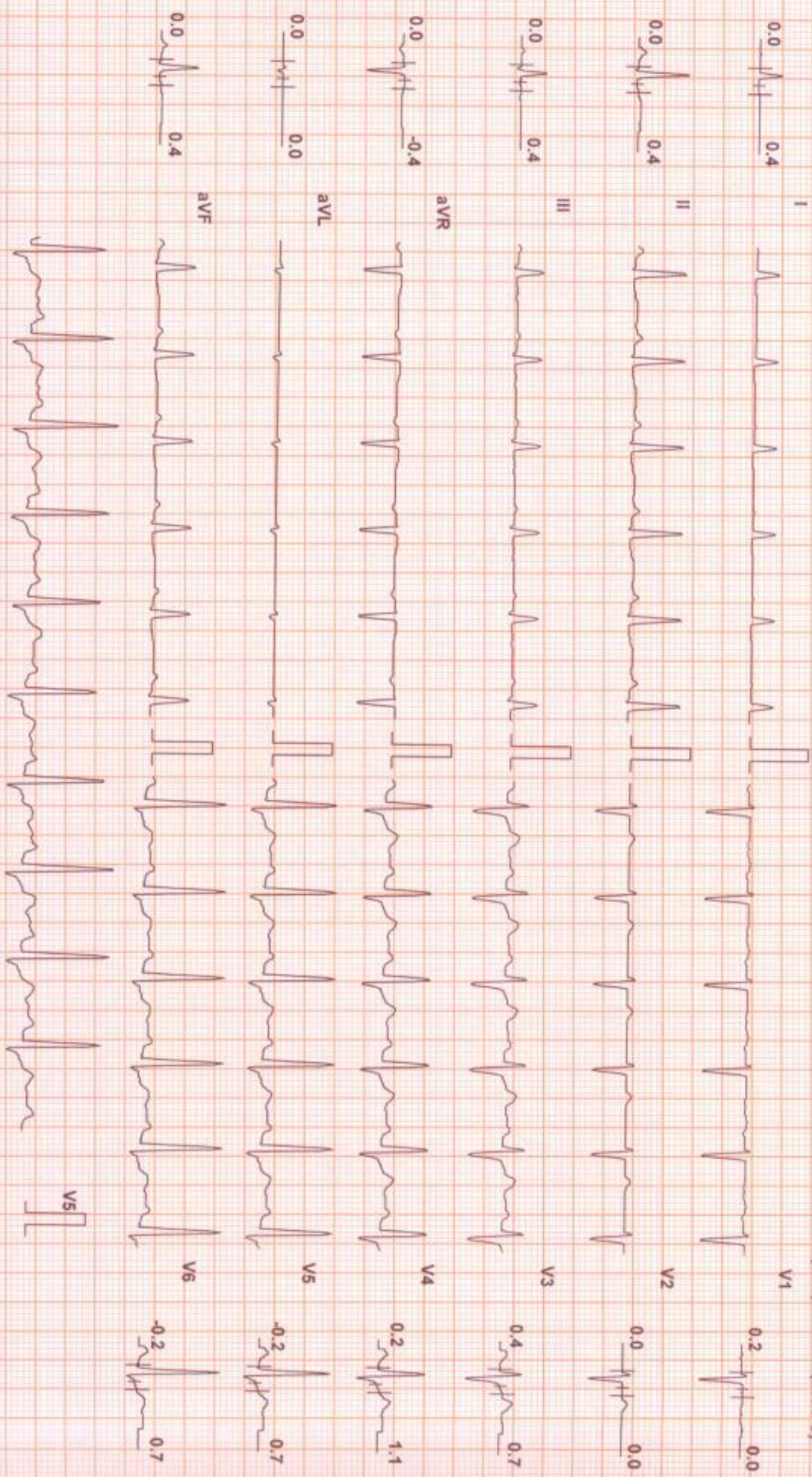


Chart Speed: 25 mm/sec
Schluter Spandern V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s

HR: 93 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 80

ST Level (mm)

ST Slope (mV/s)

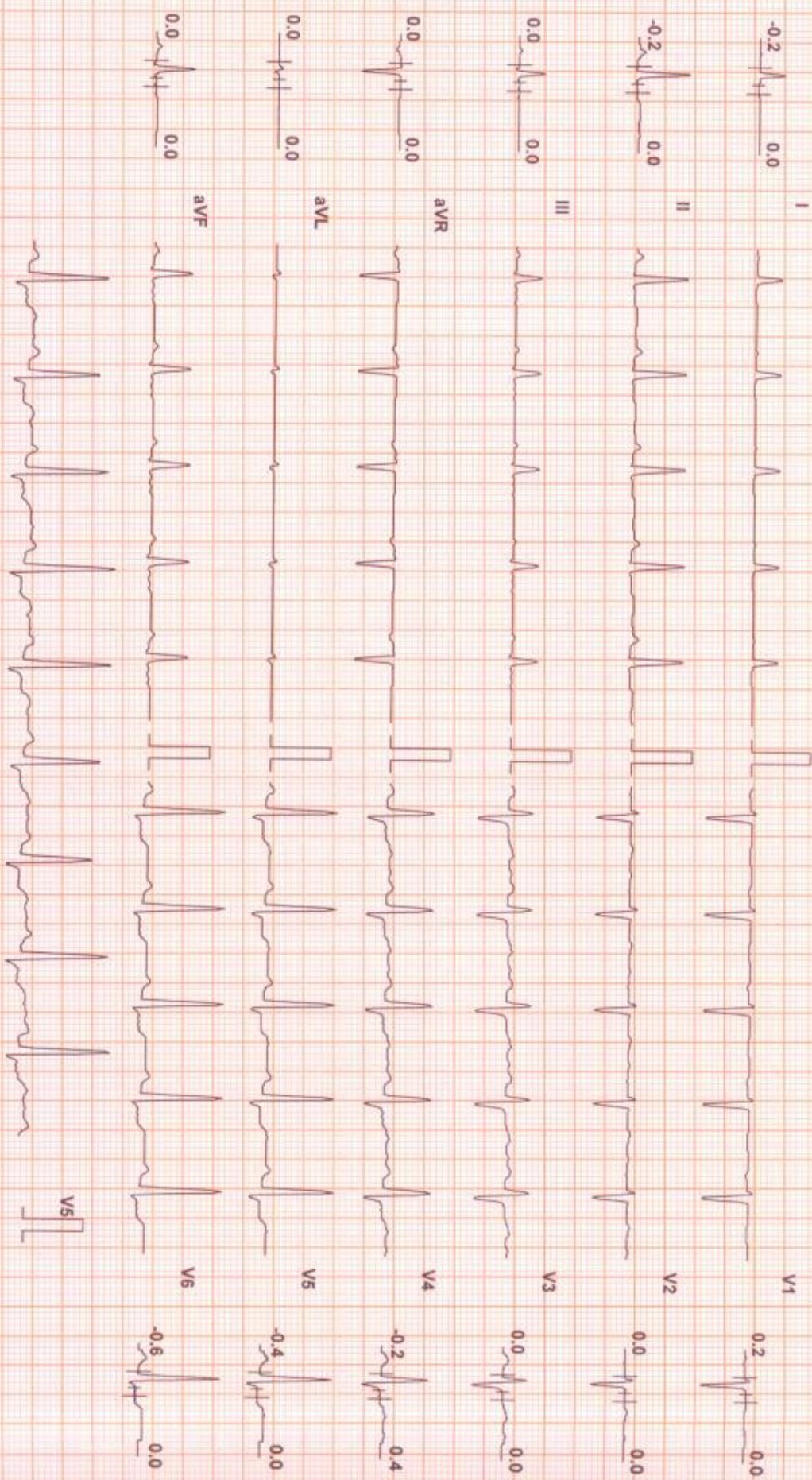


Chart Speed: 25 mm/sec
Schluter Spandau V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2306821493

Date: 08-Apr-23

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s HR: 93 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 157 bpm)

R.P: 130 / 80

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

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

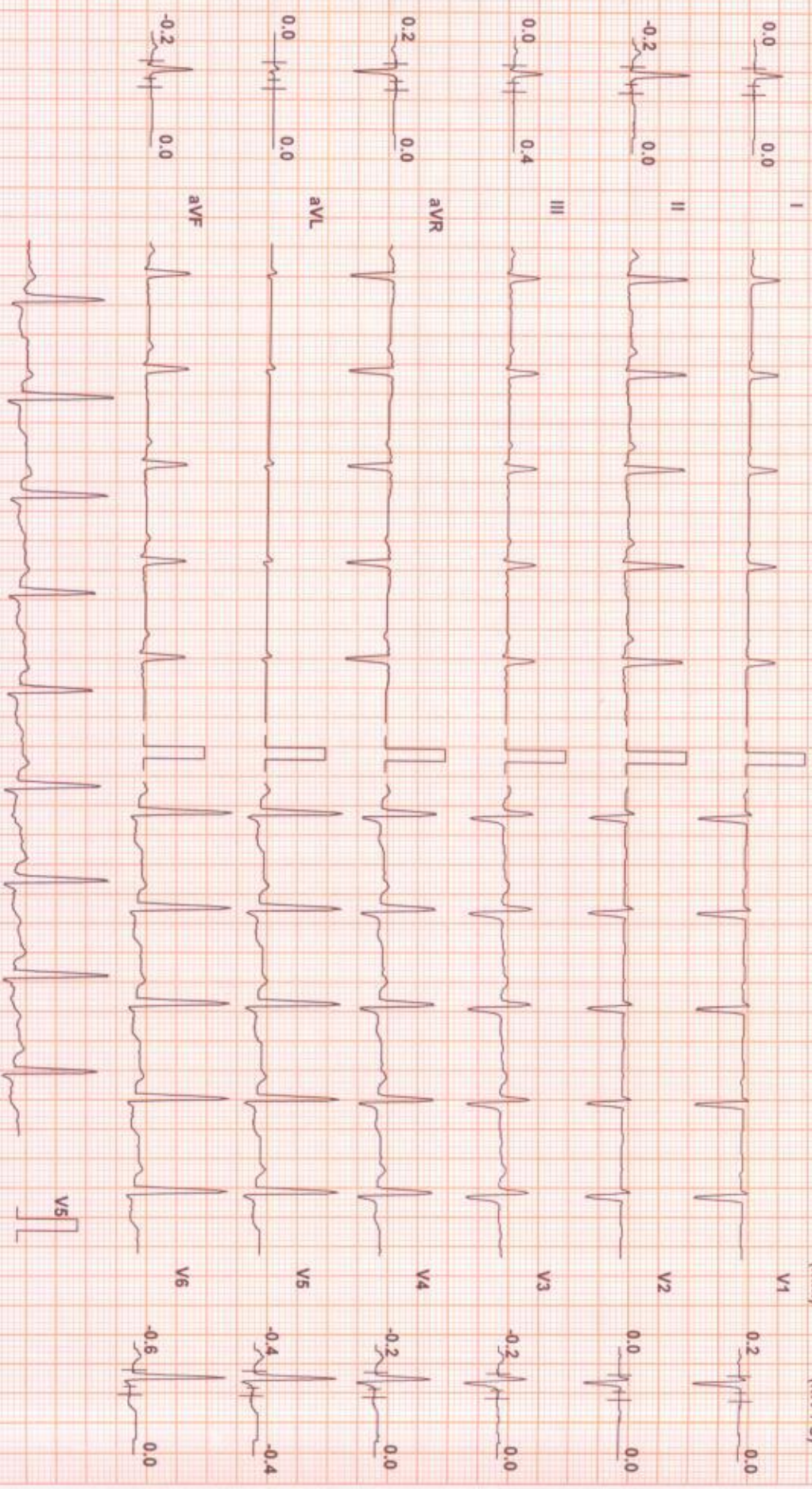


Chart Speed: 25 mm/sec
Schiller Spandata V 47

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAWSE (35 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 23069821493

Date: 08-Apr-23

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s HR: 93 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 130 / 80

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

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

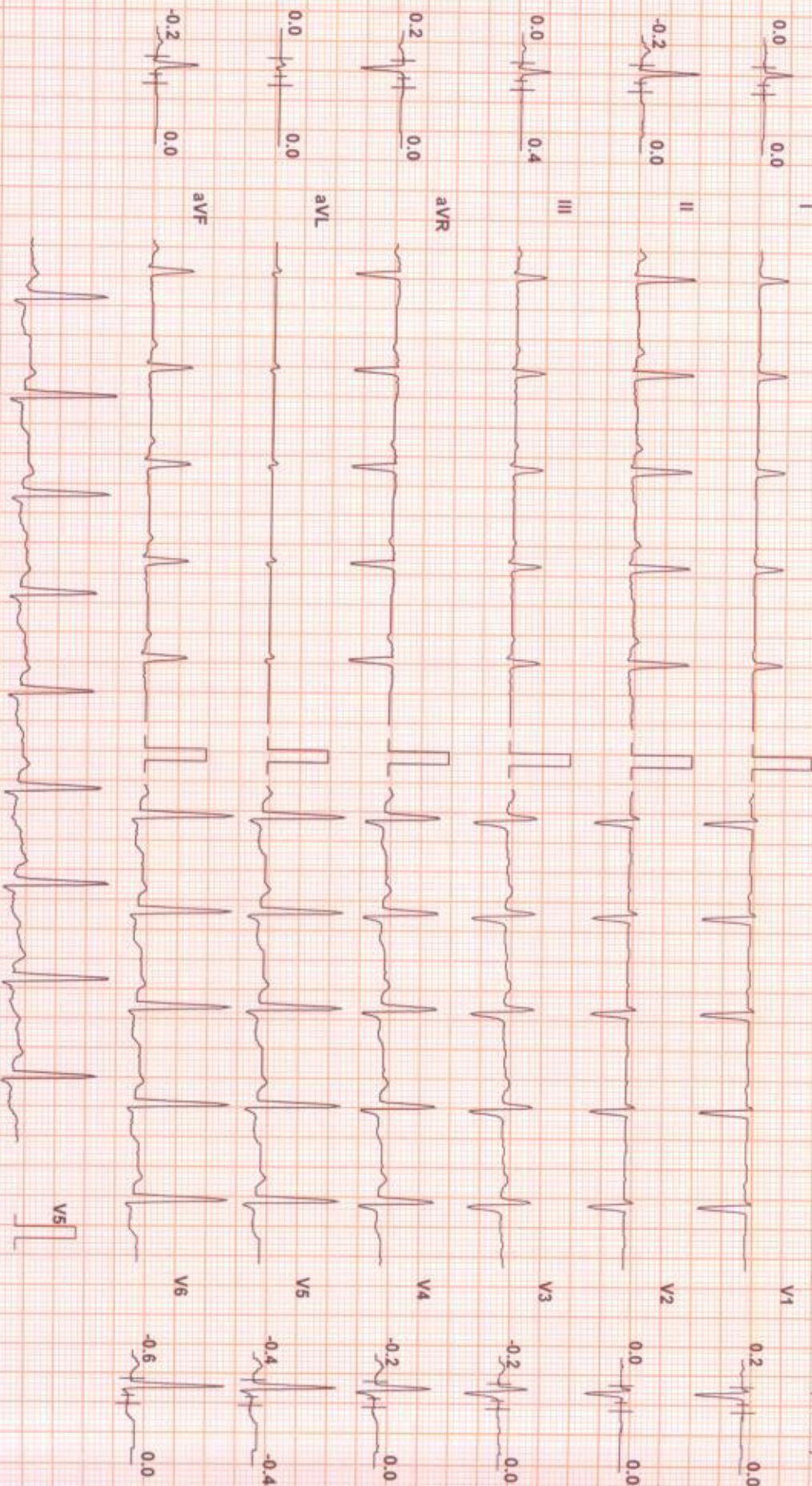


Chart Speed: 25 mm/sec
Schaller Spandani V4J

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821493
Name : Mrs PAWSE TANUJA NILESH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 11:14

USG ABDOMEN AND PELVIS

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:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.0 x 4.4 cm. Left kidney measures 10.5 x 4.8 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 7.0 x 3.6 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.1 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
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sionNo=2023040809032135

Page no 1 of 2



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821493
Name : Mrs PAWSE TANUJA NILESH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 11:14

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

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

G. R. Fartade

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

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Access

sionNo=2023040809032135

Page no 2 of 2

CID : 2309821493
Name : Mrs PAWSE TANUJA NILESH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 10:22

Use a QR Code Scanner
Application To Scan the Code

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

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