

CID# : 2228120888
Name : MRS.SHITAL KULKARNI
Age / Gender : 35 Years/Female
Consulting Dr. : - Collected : 08-Oct-2022 / 11:01
Reg.Location : Andheri West (Main Centre) Reported : 10-Oct-2022 / 11:08

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 155 cms Weight (kg): 71 kgs
Temp (0c): Afebrile Skin: Pallor+
Blood Pressure (mm/hg): 100/70 mm of Hg Nails: Normal
Pulse: 68/min Irregular missed beats Lymph Node: Not palpable

| | |
|------|----------------|
| LMP: | 06/10/2022 |
| MH: | Cycles Regular |
| OH: | G2 P1 |

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

Hb=10.5 g/dl., HbA1C=5.8% (Prediabetic level),
Further Cardiac evaluation i/v/o Frequent VPC's,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Cardiologist opinion in view of stress test,
Therapeutic life style modification is advised,
Regular exercise for 30-40 minutes is recommended.

CHIEF COMPLAINTS:

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| | |
|--|----------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 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 | H/O LSCS |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

| | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg |
| 4) Medication | NO |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083



CID : 2228120888
Name : MRS.SHITAL KULKARNI
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Oct-2022 / 11:20
Reported : 08-Oct-2022 / 17:15

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 | 10.5 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 3.44 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 32.0 | 36-46 % | Calculated |
| MCV | 93.0 | 80-100 fl | Measured |
| MCH | 30.6 | 27-32 pg | Calculated |
| MCHC | 32.9 | 31.5-34.5 g/dL | Calculated |
| RDW | 16.5 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5230 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 28.6 | 20-40 % | |
| Absolute Lymphocytes | 1495.8 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.7 | 2-10 % | |
| Absolute Monocytes | 245.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 64.8 | 40-80 % | |
| Absolute Neutrophils | 3389.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.9 | 1-6 % | |
| Absolute Eosinophils | 99.4 | 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 | 225000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 10.1 | 6-11 fl | Measured |
| PDW | 17.3 | 11-18 % | Calculated |



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Collected : 08-Oct-2022 / 11:20
Reported : 08-Oct-2022 / 13:33

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 | 84.7 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 76.3 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 1.08 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.40 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.68 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.1 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.7 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 15.0 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 8.3 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 7.0 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 69.5 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 11.8 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 5.5 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.87 | 0.51-0.95 mg/dl | Enzymatic |

Authenticity Check



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| | | | |
|------------------|-----|--------------------|------------|
| eGFR, Serum | 79 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 4.1 | 2.4-5.7 mg/dl | Enzymatic |

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



Anupa

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



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Reg. Location : Andheri West (Main Centre)

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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.

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



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



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Collected : 08-Oct-2022 / 11:20
Reported : 08-Oct-2022 / 16:02

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Name : MRS.SHITAL KULKARNI
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | A |
| Rh TYPING | NEGATIVE |

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 ***



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



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Reg. Location : Andheri West (Main Centre)

Collected : 08-Oct-2022 / 11:20
Reported : 08-Oct-2022 / 14:26

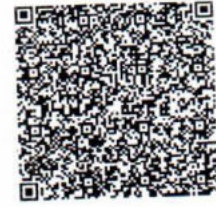
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|--|
| CHOLESTEROL, Serum | 149.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 77.5 | 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 | 48.2 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 100.9 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 85.0 | 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 | 15.9 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.1 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.8 | 0-3.5 Ratio | Calculated |

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



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2228120888
Name : MRS.SHITAL KULKARNI
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Oct-2022 / 11:20
Reported : 08-Oct-2022 / 14:26

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 | 3.0 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 11.6 | 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 | 1.80 | 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 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)

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



Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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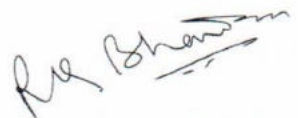
X-RAY CHEST PA VIEW

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.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST



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Name : Mrs SHITAL KULKARNI
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 12:02

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.1cm), 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 9.5 x 4.6cm. Left kidney measures 9.5 x 4.4cm.

SPLEEN:

The spleen is normal in size (9.0cm) 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 5.9 x 5.3 x 3.8cm in size.
The endometrial thickness is 4.3mm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022100811021253>

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400032

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Reg. Location : Andheri West (Main Center)

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 12:02

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.6 x 1.4cm Left ovary = 2.5 x 1.5cm.

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

Date:- 08/10/2022

CID: 2228/20888

Name:- Shital Kulkarni

Sex / Age: 35 / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

(Right Eye)

(Left Eye)

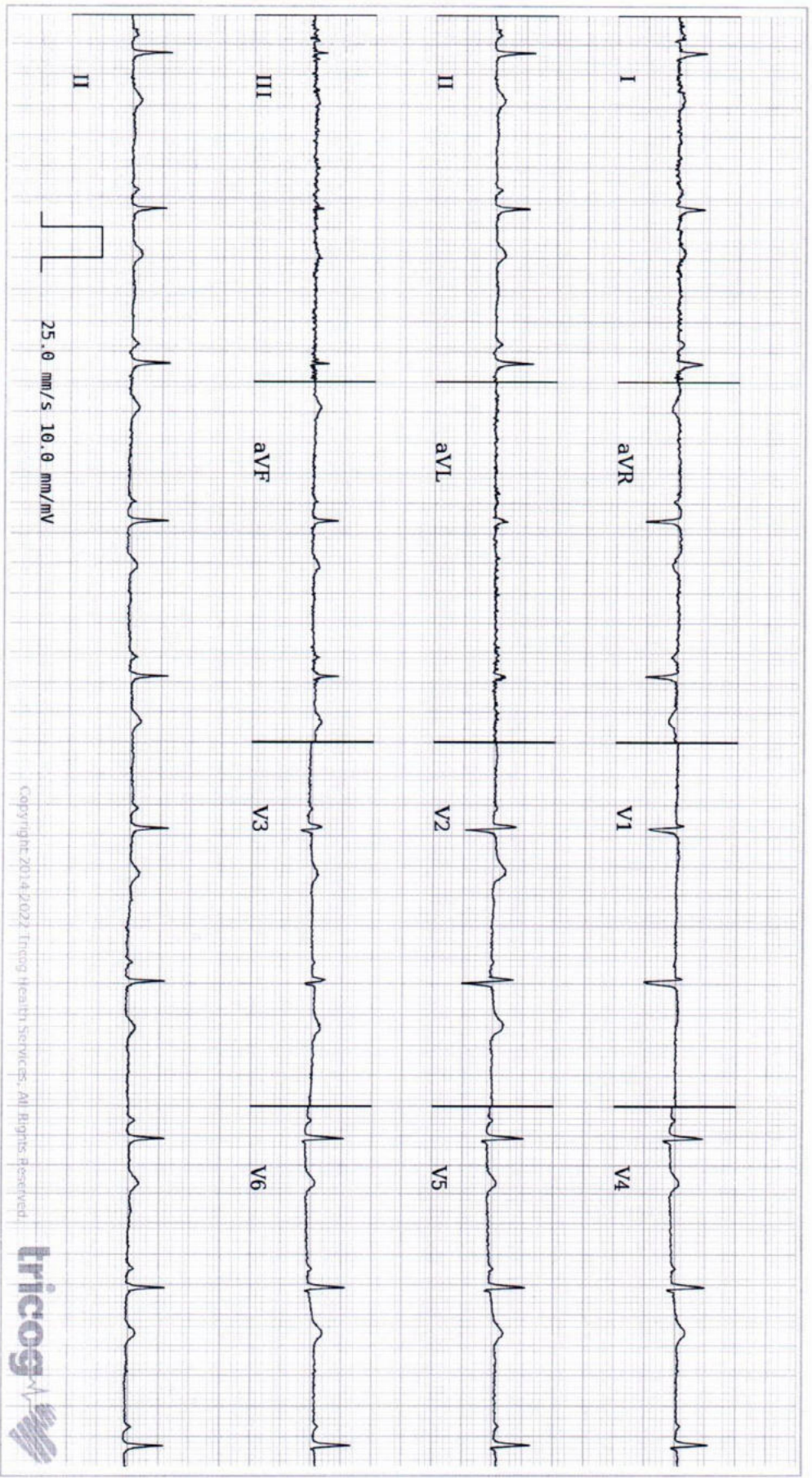
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|-----|-----|-----|------|-----|
| Distance | — | — | — | 6/6 | — | — | — | 6/6 |
| Near | — | — | — | N5 | — | — | — | N5 |

Colour Vision: Normal / Abnormal

Remark: Normal vision

Patient Name: SHITAL KULKARNI
Patient ID: 2228120888

Date and Time: 8th Oct 22 12:06 PM



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Age **35** **2** **1**
years months days

Gender **Female**

Heart Rate **59bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 66ms
QT: 420ms
QTc: 415ms
PR: 130ms
P-R-T: 18° 45° 40°

Low Voltage QRS, Sinus Bradycardia, Normal axis, RV3 < 3mm (Nonspecific). Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN
MD, DCARD, 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.

SUBURBAN DIAGNOSTICS

Patient Details Date: 08-Oct-22 Time: 12:26:23
Name: SHITAL KULKARNI ID: 2228120888
Age: 35 y Sex: F Height: 155 cms. Weight: 71 Kg.
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce Pr.MHR: 185 bpm THR: 157 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 4 s Max. HR: 160 (86% of Pr.MHR)bpm Max. Mets: 10.20
Max. BP: 150 / 70 mmHg Max. BP x HR: 24000 mmHg/min Min. BP x HR: 5530 mmHg/min
Test Termination Criteria: 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 | 1 : 20 | 1.0 | 0 | 0 | 94 | 100 / 70 | -4.88 III | -5.66 aVF |
| Standing | 0 : 14 | 1.0 | 0 | 0 | 83 | 100 / 70 | -2.12 III | -1.42 III |
| Hyperventilation | 0 : 15 | 1.0 | 0 | 0 | 79 | 100 / 70 | -2.12 aVF | -1.42 III |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 108 | 110 / 70 | -5.10 III | -3.89 III |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 131 | 120 / 70 | -4.46 III | -5.31 III |
| Peak Ex | 1 : 4 | 10.2 | 3.4 | 14 | 160 | 150 / 70 | -3.61 III | 5.31 I |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 128 | 130 / 70 | -2.12 III | 4.25 I |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 105 | 110 / 70 | -5.94 V6 | -5.31 aVF |
| Recovery(3) | 0 : 32 | 1.0 | 0 | 0 | 98 | 100 / 70 | -5.31 III | -4.60 III |

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 FREQUENT ISOLATED VPC's NOTED DURING REST, STAGE 1 & 2 OF EXERCISE
 VENTRICULAR TRIGEMINY PATTERN NOTED IN RECOVERY.
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA
 ADV: FURTHER CARDIAC EVALUATION i/v/o FREQUENT VPC's
 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. Ravi Chavan
 MD; D Card
 Consultant Cardiologist
 Reg No 2004/06/2488



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 75 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 100 / 70

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

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

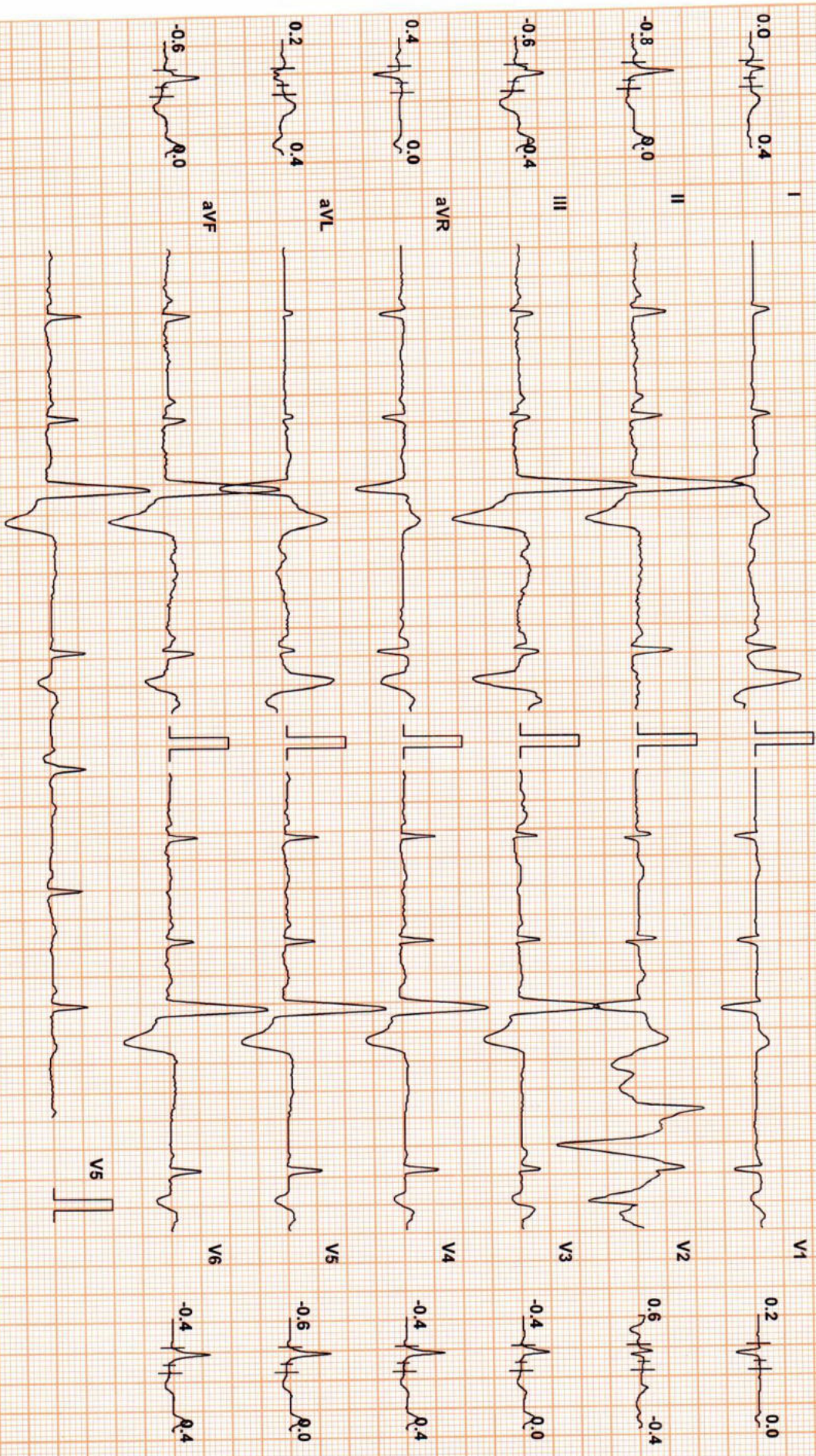


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V 4.7



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 78 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 100 / 70

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

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

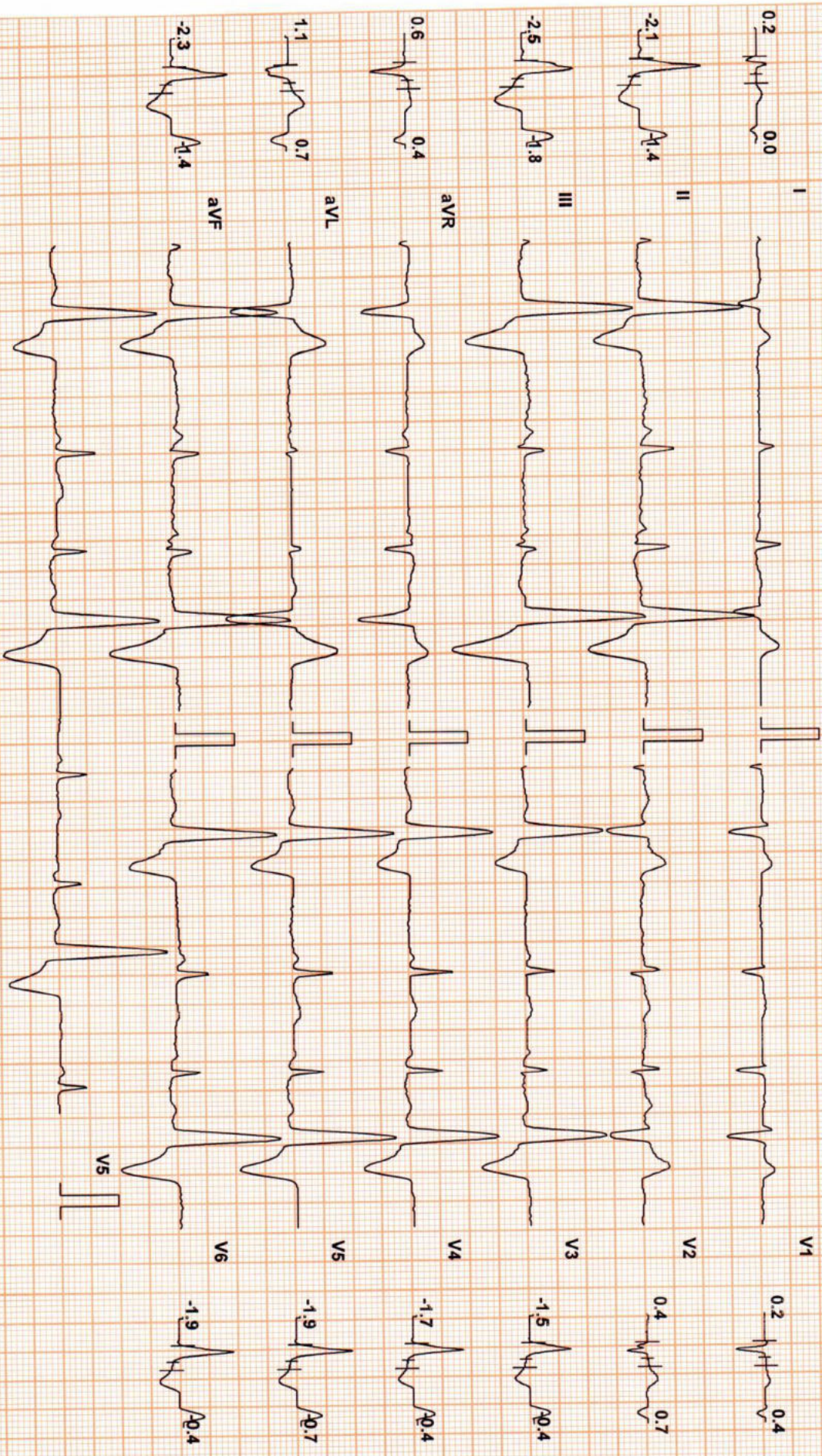


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 79 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 100 / 70

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.2 | 0.4 |
| -1.7 | -1.1 |
| -1.9 | -1.4 |
| 0.6 | 0.4 |
| 1.1 | 1.1 |
| -1.7 | -1.1 |

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.2 | 0.4 |
| -1.1 | -0.4 |
| -1.1 | -0.4 |
| -1.1 | -0.4 |
| -1.5 | -0.7 |
| -1.5 | -0.4 |

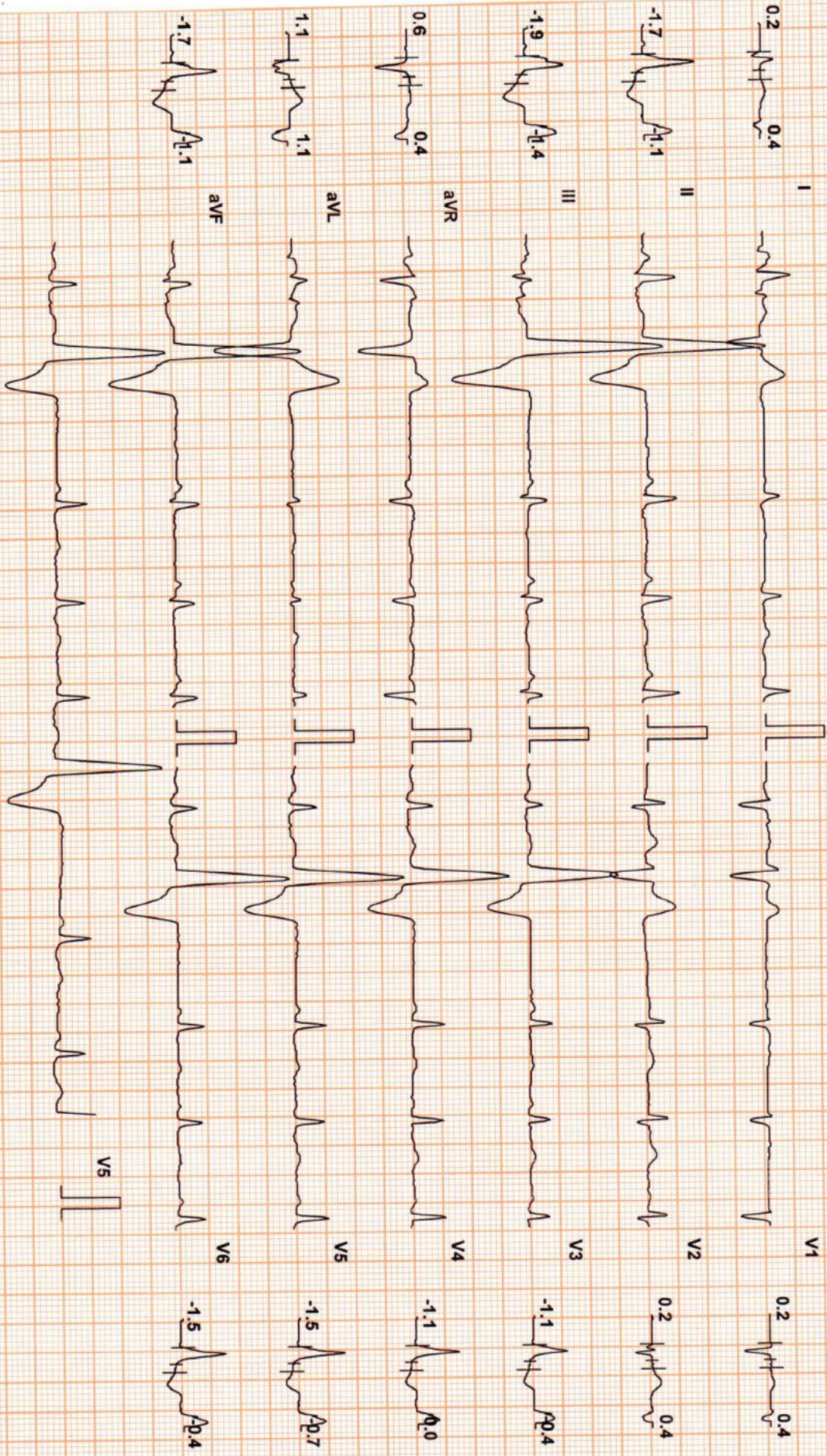


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 1 m 31 s Stage Time : 1 m 31 s **HR: 103 bpm**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 157 bpm)

B.P.: 110 / 70

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

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

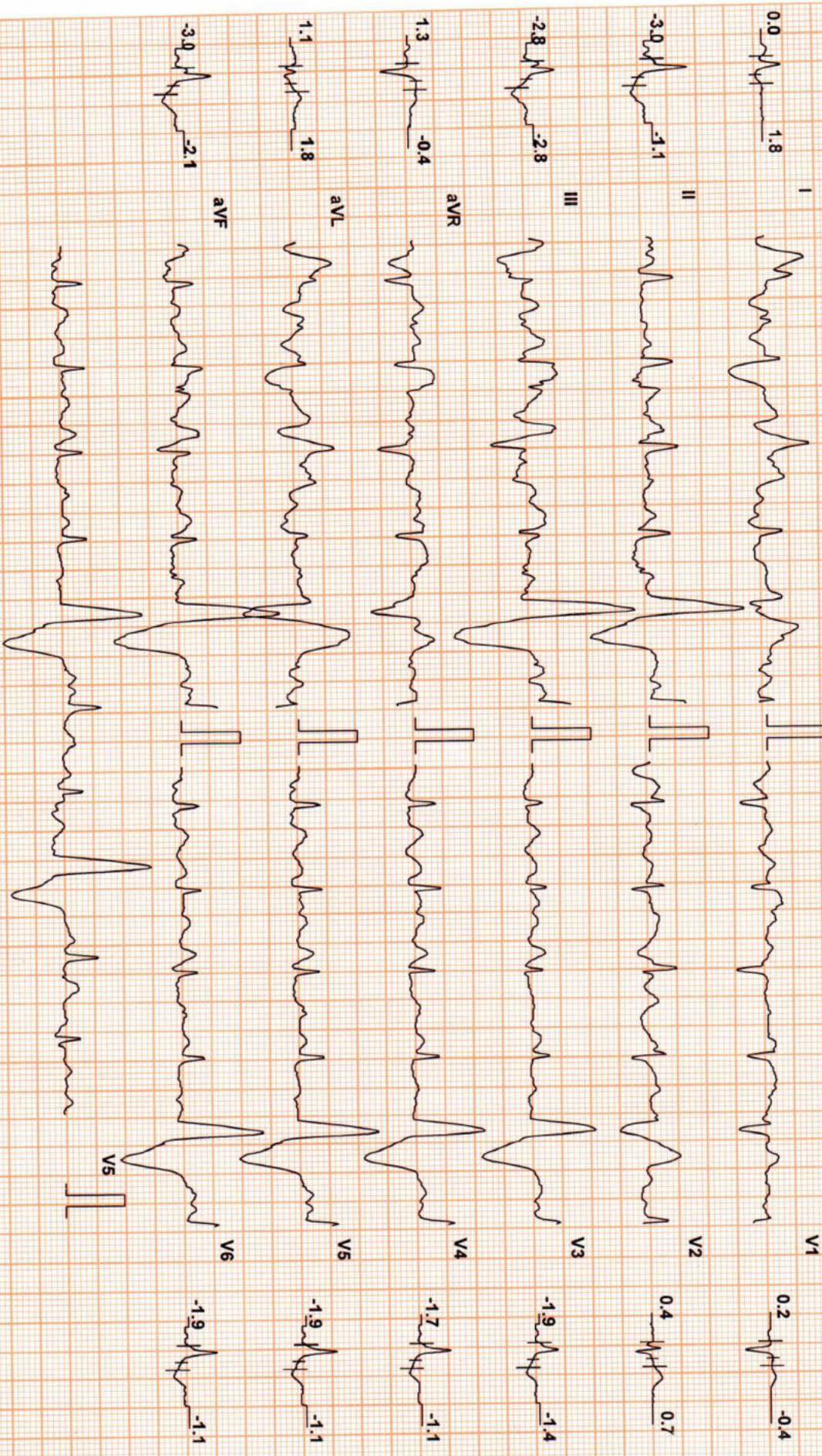


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandax V4.7



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 2 m 55 s

Stage Time : 2 m 55 s

HR: 108 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 157 bpm)

B.P: 110 / 70

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.4 | 1.1 |
| -1.9 | -2.1 |
| -2.1 | -2.8 |
| 0.6 | 0.4 |
| 1.3 | 1.8 |
| -2.1 | -2.5 |
| 0.4 | 0.7 |
| 0.8 | 0.4 |
| -1.1 | -1.4 |
| -1.3 | -1.4 |
| -1.5 | -2.1 |
| -1.5 | -2.1 |

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.4 | 0.7 |
| 0.8 | 0.4 |
| -1.1 | -1.4 |
| -1.3 | -1.4 |
| -1.5 | -2.1 |
| -1.5 | -2.1 |

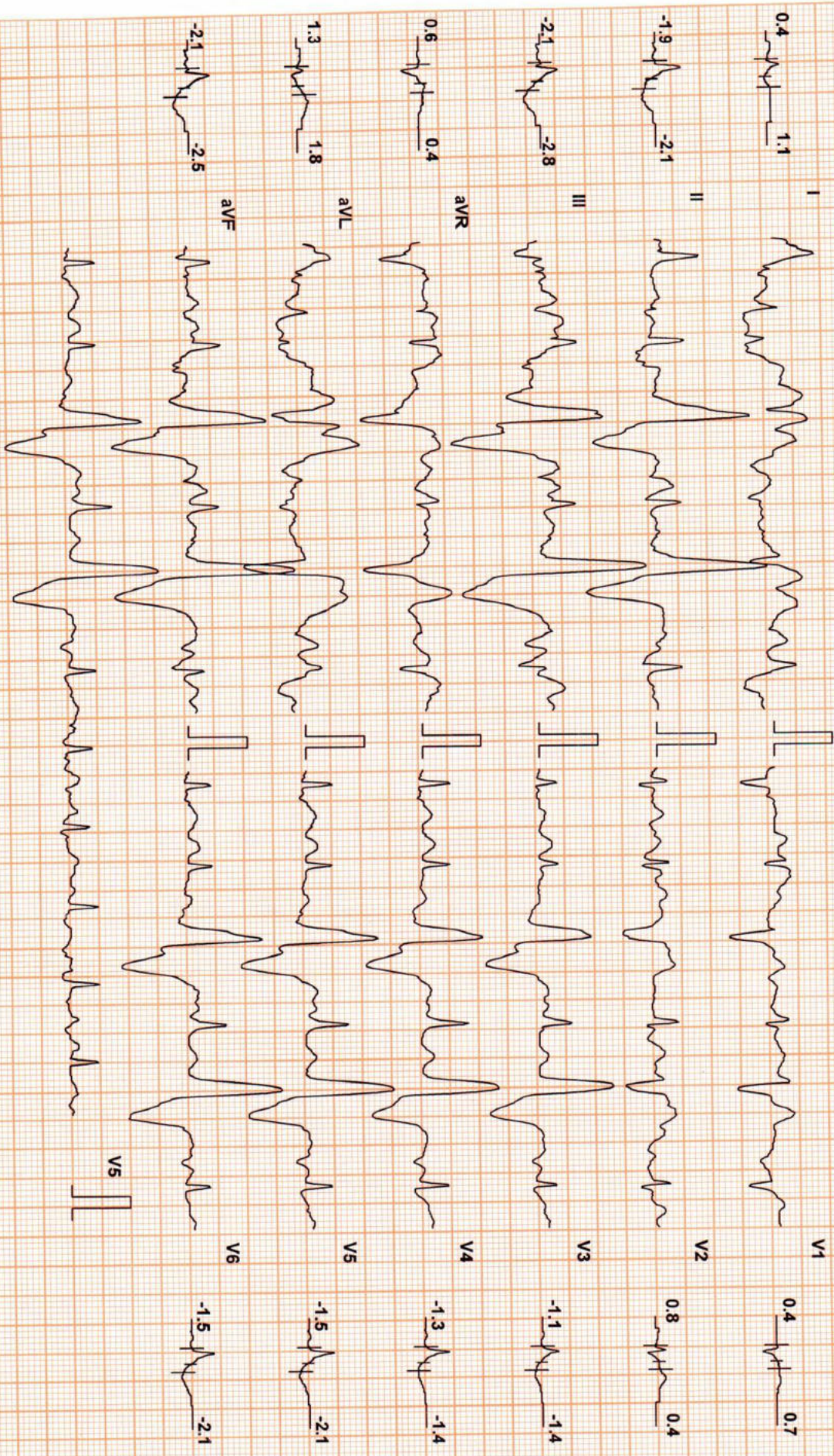


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandari V 4.7



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 3 m 7 s

Stage Time : 0 m 7 s

HR: 108 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 157 bpm)

B.P: 120 / 70

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

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

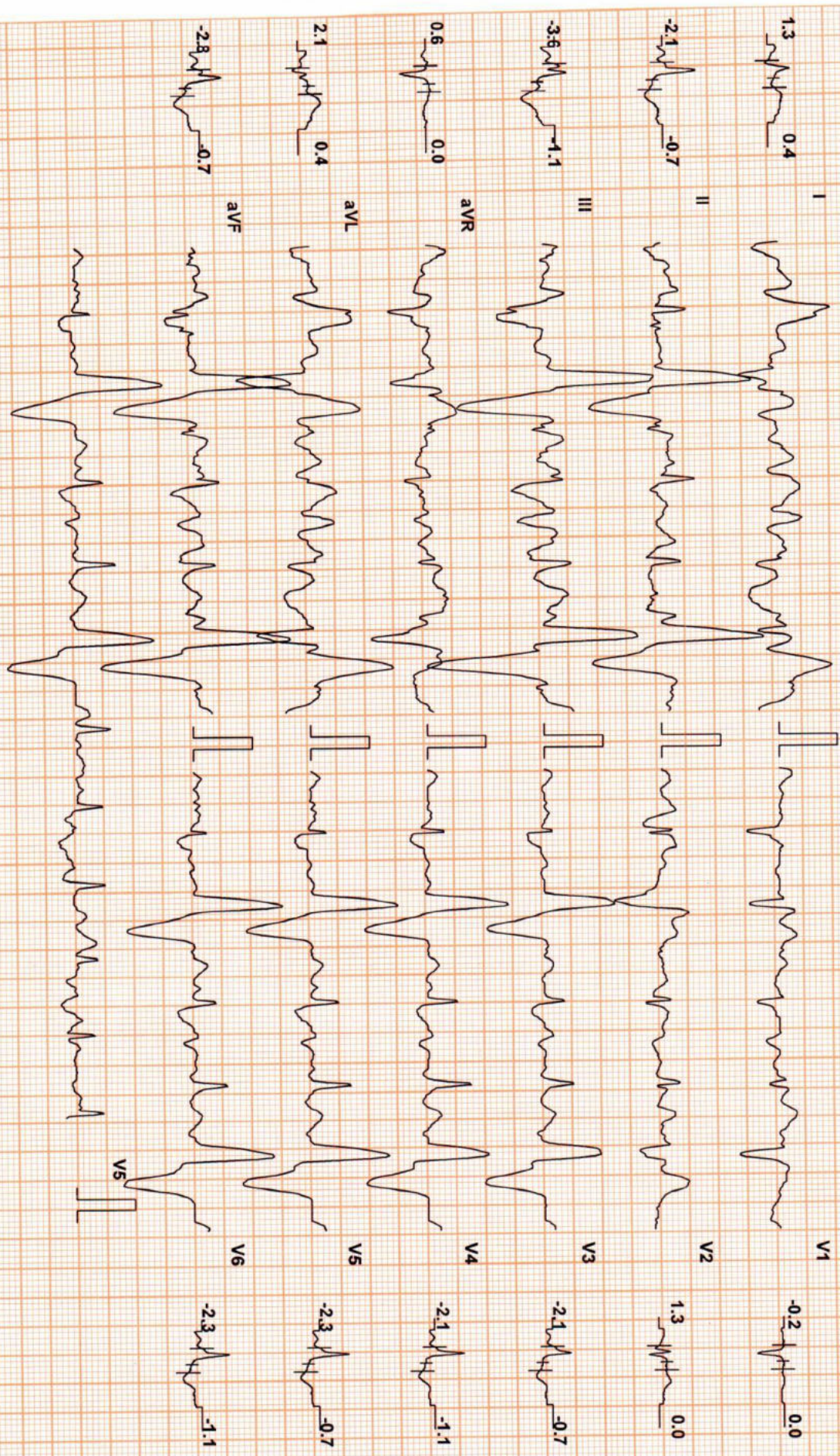


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandari V 4.7



SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 6 m 18 s Stage Time : 0 m 18 s **HR: 148 bpm**

SUBURBAN DIAGNOSTICS

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 157 bpm)

B.P: 150 / 70

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

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

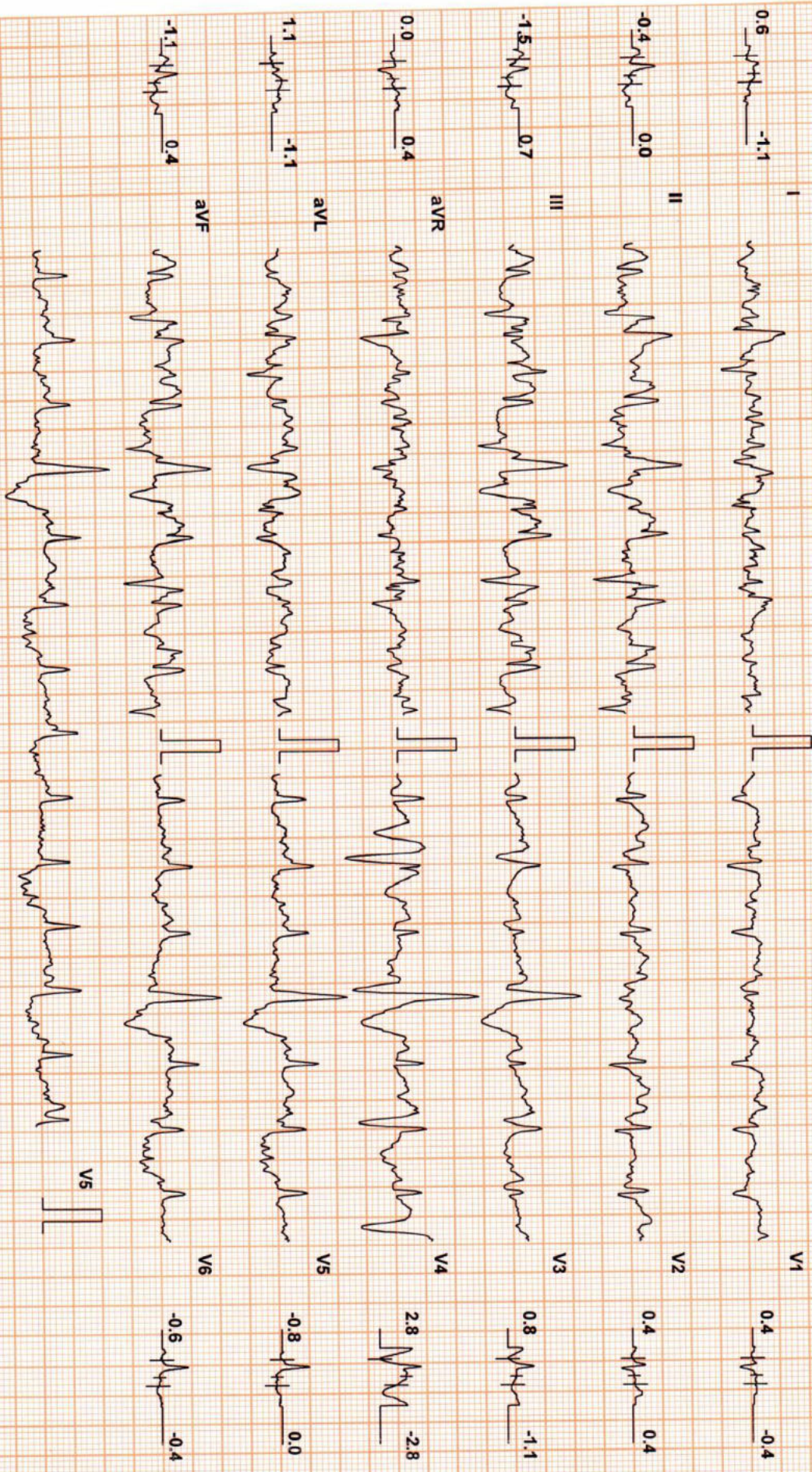


Chart Speed: 25 mm/sec
Schiller Sqandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS

Test Report

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 6 m 58 s Stage Time : 0 m 58 s **HR: 158 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 157 bpm)

B.P: 150 / 70

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spindan V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 7 m 4 s

Stage Time : 0 m 22 s **HR: 101 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 110 / 70

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

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

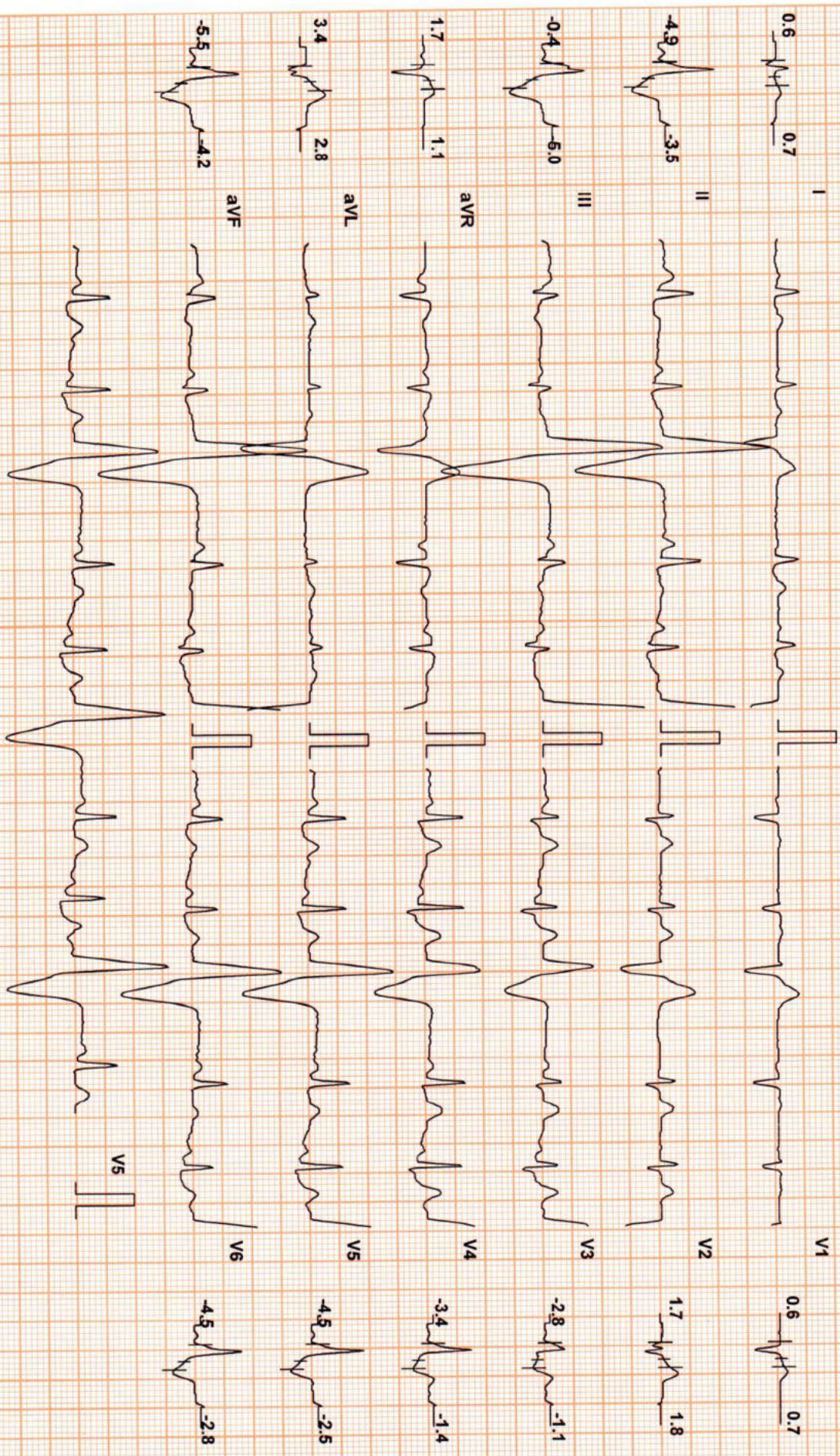


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7



SUBURBAN DIAGNOSTICS

SHITAL KULKARNI (35 F)

ID: 2228120888

Date: 08-Oct-22

Exec Time : 7 m 4 s

Stage Time : 0 m 4 s

HR: 93 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 100 / 70

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.8 | 1.1 |
| -3.4 | -2.1 |
| -4.5 | -3.5 |
| 1.1 | 0.4 |
| 2.5 | 2.5 |
| -3.8 | -2.8 |
| 0.4 | 0.4 |
| 1.3 | 1.8 |
| 0.4 | 0.4 |
| -1.7 | -0.4 |
| -2.3 | -0.7 |
| -2.8 | -1.4 |
| -2.5 | -1.8 |

| ST Level (mm) | ST Slope (mV/s) |
|---------------|-----------------|
| 0.4 | 0.4 |
| 1.3 | 1.8 |
| 0.4 | 0.4 |
| -1.7 | -0.4 |
| -2.3 | -0.7 |
| -2.8 | -1.4 |
| -2.5 | -1.8 |

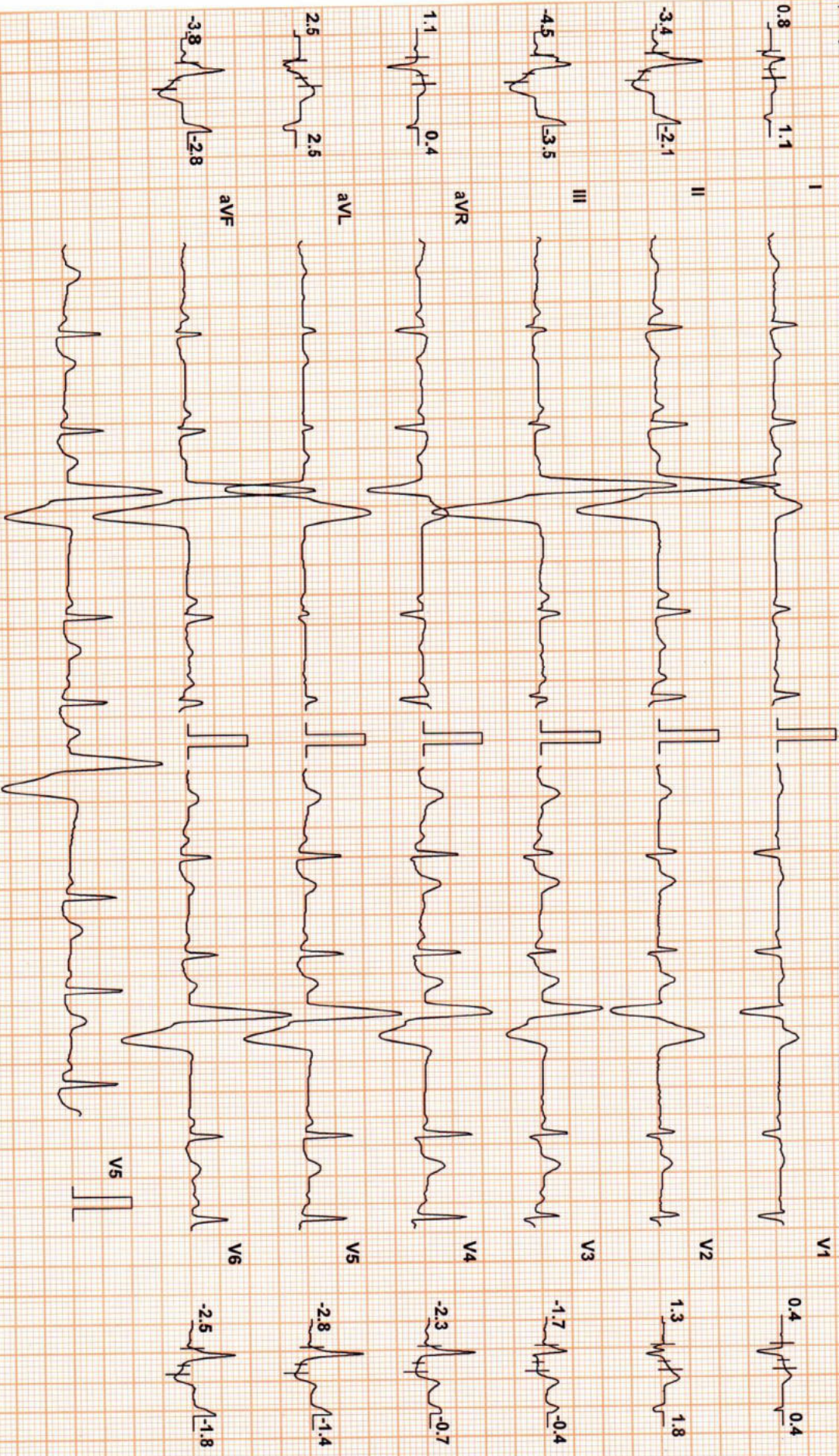


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7