



बैंक ऑफ़ बड़ोदा  
Bank of Baroda



नाम  
Name PRERNA VERMA

कार्यकारी कुट नं.  
E. C. No. 125781

जारीकर्ता प्राधिकारी  
Issuing Authority

Prerna

धरक के हस्ताक्षर  
Signature of Holder

Dr. Manasee Kulkarni

M.B.B.S

2005/09/3439

## PHYSICAL EXAMINATION REPORT

Patient Name	Prerna Verma	Sex/Age	F/34
Date	18/2/23	Location	Thane

### History and Complaints

Nil

### EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	(2)
Weight (kg):	57.3	Skin:	NAD
Blood Pressure	100/70	Nails:	
Pulse	72/min	Lymph Node:	

### Systems :

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

**Impression:** - ↑ ESR (58)      ↑ TSH (8.66)  
 ECG - Ectopic Atrial Rhythm

Physician's Consultation For  
 ↑ TSH.

Advice:

- 1) Hypertension:
- 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
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

Nil

**PERSONAL HISTORY:**

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No  
 No  
 Veg  
 No

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

# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: VERMA PRERNA  
Patient ID: 2304922402

Date and Time: 18th Feb 23 1:48 PM



Age 34 NA NA  
years months days

Gender Female

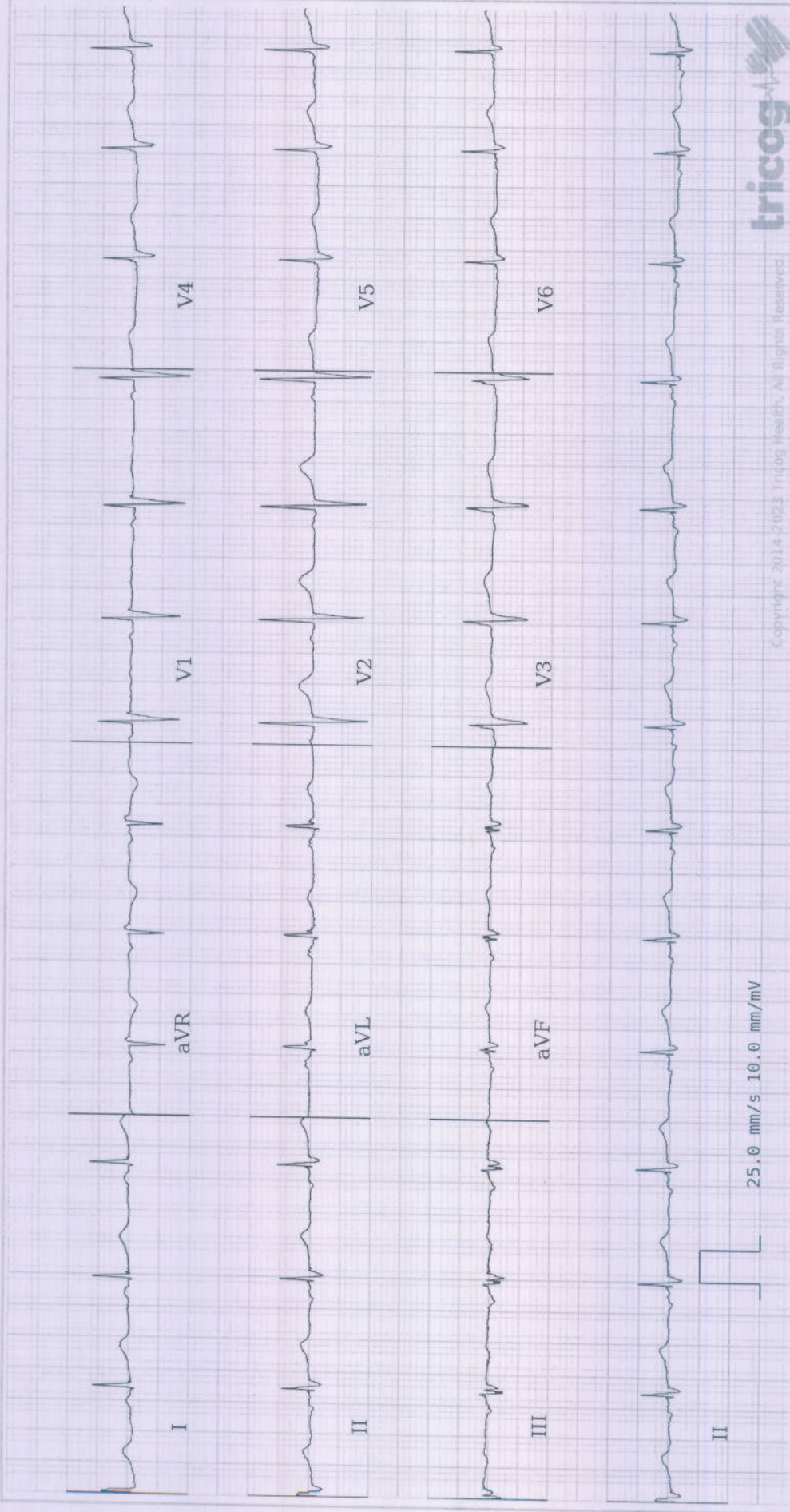
Heart Rate 83bpm

### Patient Vitals

BP: 100/70 mmHg  
Weight: 57 kg  
Height: 155 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

### Measurements

QRSd: 78ms  
QT: 370ms  
QTc: 434ms  
PR: 126ms  
P-R-T: -30° 4° 9°



Ectopic Atrial 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.



CID : 2304922402  
Name : MRS. VERMA PRERNA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 18-Feb-2023 / 09:25  
Reported : 18-Feb-2023 / 12:08

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.52	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	84.5	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4540	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.5	20-40 %	
Absolute Lymphocytes	1248.5	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	367.7	200-1000 /cmm	Calculated
Neutrophils	60.1	40-80 %	
Absolute Neutrophils	2728.5	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	195.2	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	335000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	8.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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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 58 2-20 mm at 1 hr. Sedimentation

Result rechecked.

\*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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Collected : 18-Feb-2023 / 09:25  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	20.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	27.1	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	78.6	35-105 U/L	PNPP
BLOOD UREA, Serum	12.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.7	6-20 mg/dl	Calculated

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CREATININE, Serum	0.48	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	157	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Uricase

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\*\*\* End Of Report \*\*\*



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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**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 \*\*\*



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.3	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	41.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.4	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

\*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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Collected : 18-Feb-2023 / 09:25  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L First Trimester: 9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59	ECLIA
sensitiveTSH, Serum	8.66	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

Kindly correlate clinically.

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

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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 at least 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

Date: 18/12/23

CID:

Name: Prerna Verma

Sex / Age: F / 34

**EYE CHECK UP**

Chief complaints: PCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 03/06 HVBC H.E

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA

*(Signature)*  
 SR. OPTOMETRIST

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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 GAURAV FARTADE before dispatch.

*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=2023021809232441>



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Reg. Date : 18-Feb-2023  
Reported : 18-Feb-2023 / 13:14

## USG WHOLE ABDOMEN

### EXCESSIVE BOWEL GAS:

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

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

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

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

**KIDNEYS:** Right kidney measures 9.0 x 3.5 cm. Left kidney measures 9.9 x 4.6 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 4.0 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021809232430>



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**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021809232430>

Email:

452 (2304922402) / PRERNA VERMA / 34 Yrs / F / 155 Cms / 57 Kg

Date: 18 / 02 / 2023 12:32:29 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:26	0:26	00.0	00.0	01.0	077	41 %	110/70	084	00	
Standing	00:40	0:14	00.0	00.0	01.0	078	42 %	110/70	085	00	
HV	00:52	0:12	00.0	00.0	01.0	083	45 %	110/70	091	00	
ExStart	01:02	0:10	00.0	00.0	01.0	075	40 %	110/70	082	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	130	70 %	120/70	156	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	158	85 %	140/80	221	00	
PeakEx	07:08	0:06	00.0	00.0	07.2	156	84 %	150/80	233	00	
Recovery	08:08	1:00	00.0	00.0	01.1	129	69 %	150/80	193	00	
Recovery	09:08	2:00	00.0	00.0	01.0	116	62 %	150/80	174	00	
Recovery	11:08	4:00	00.0	00.0	01.0	108	58 %	130/80	140	00	
Recovery	11:22	4:15	00.0	00.0	01.0	103	55 %	130/80	133	00	

**FINDINGS :****Exercise Time**

: 06:06

**Initial HR (ExStrt)**

: 75 bpm 40% of Target 186

**Initial BP (ExStrt)**

: 110/70 (mm/Hg)

**Max Workload Attained**

: 7.2 Fair response to induced stress

**Max ST Dep Lead & Avg ST Value : III & -0.7 mm in Stage 2****Test End Reasons**

: Heart Rate Achieved , Fatigue.

**Max HR Attained 158 bpm 85% of Target 186****Max BP Attained 150/80 (mm/Hg)****Dr. SHAILAJA PILLAI****M.D. (GEN.MED)****R.NO. 49972**

Doctor : DR SHAILAJA PILLAI



EM Pillai  
452 / BRERNA VERMA / 34 Yrs / F / 155 Cms / 57 Kg Date: 18 / 02 / 2023 12:32:29 PM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Heart Rate Achieved , Fatigue,.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Basic ECG shows inverted P wave inferolateral leads.

  
**DR. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**  
**Doctor : DR SHAILAJA PILLAI**

**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

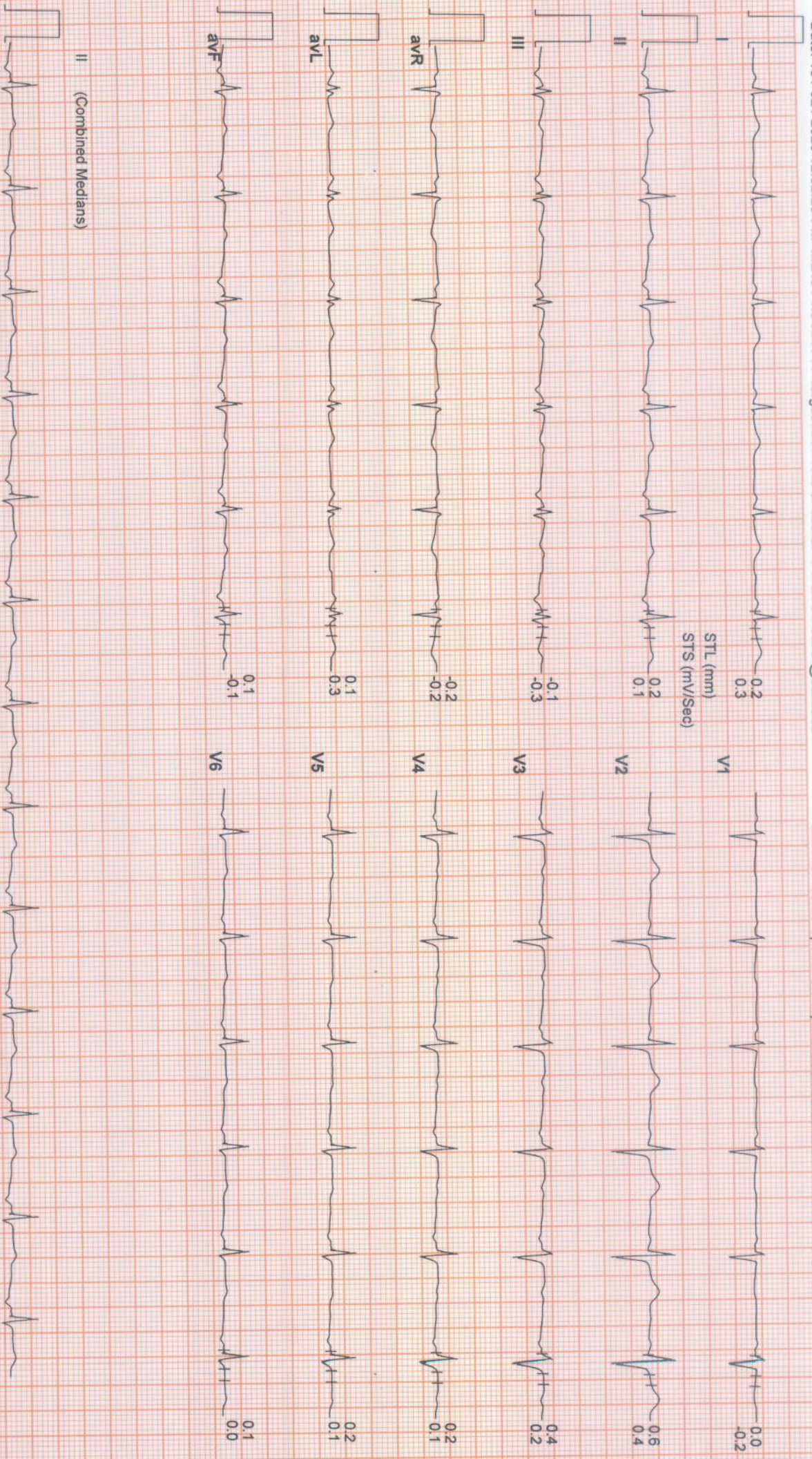
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
SUPINE (00:01)



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 77 Target HR : 41% of 186 BP : 110/70 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

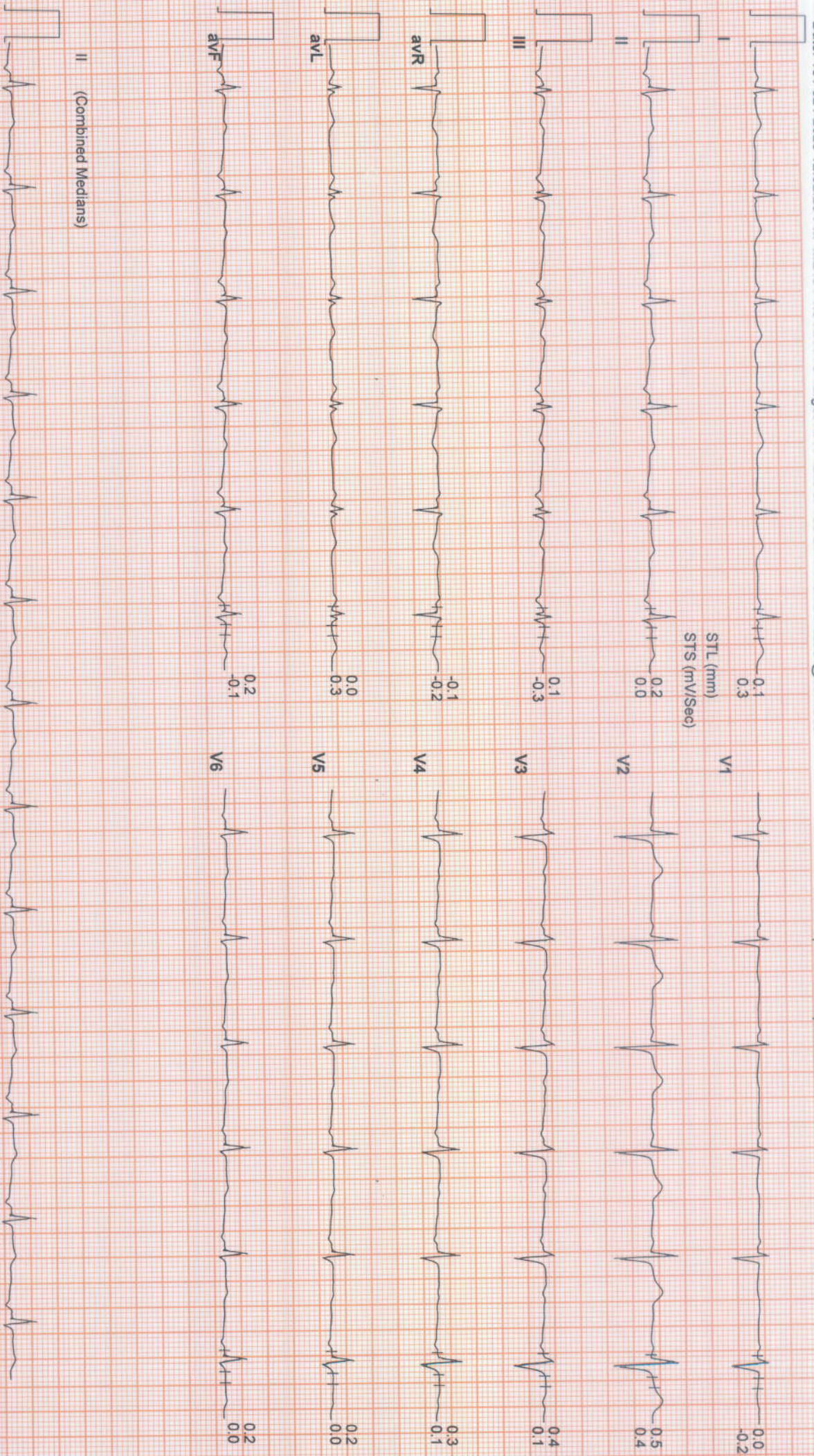
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

## 6X2 Combine Medians + 1 Rhythm STANDING ( 00:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 78 Target HR : 42% of 186 BP : 110/70 Post J @80mSec

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



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

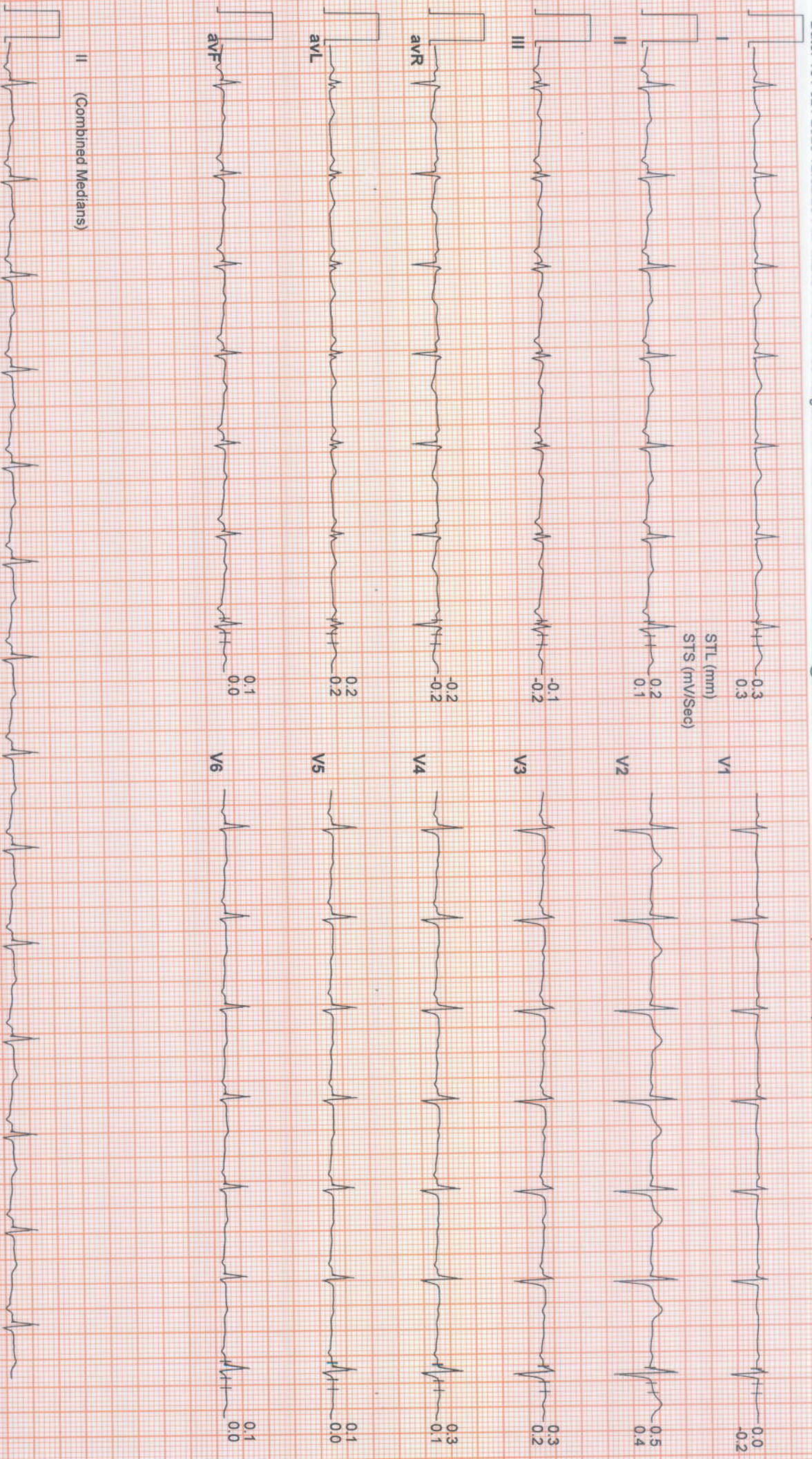
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 83 Target HR : 45% of 186 BP : 110/70 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

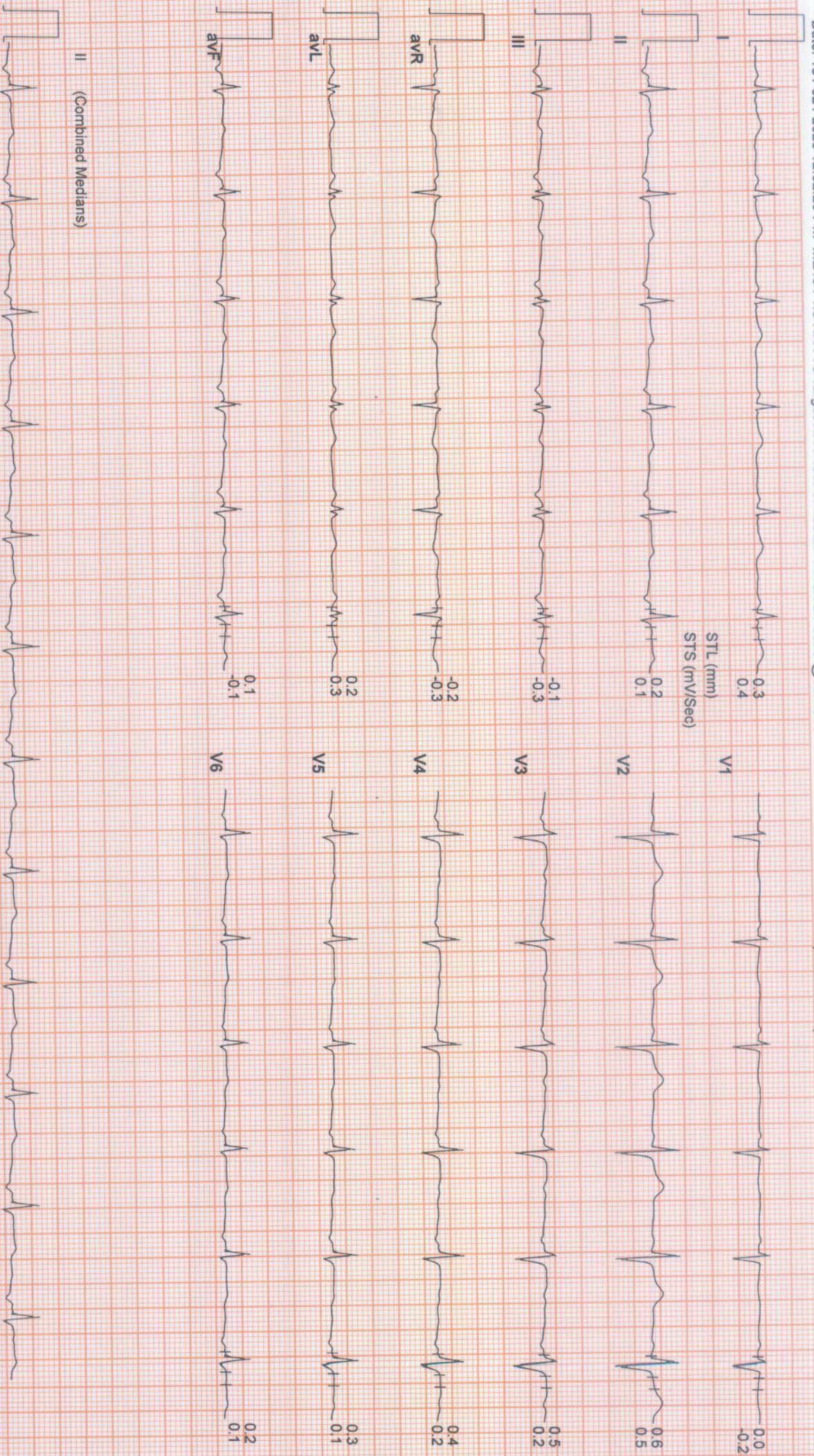
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

## 6X2 Combine Medians + 1 Rhythm



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 75 Target HR : 40% of 186 BP : 110/70 Post J @80mSec

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



II (Combined Medians)



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

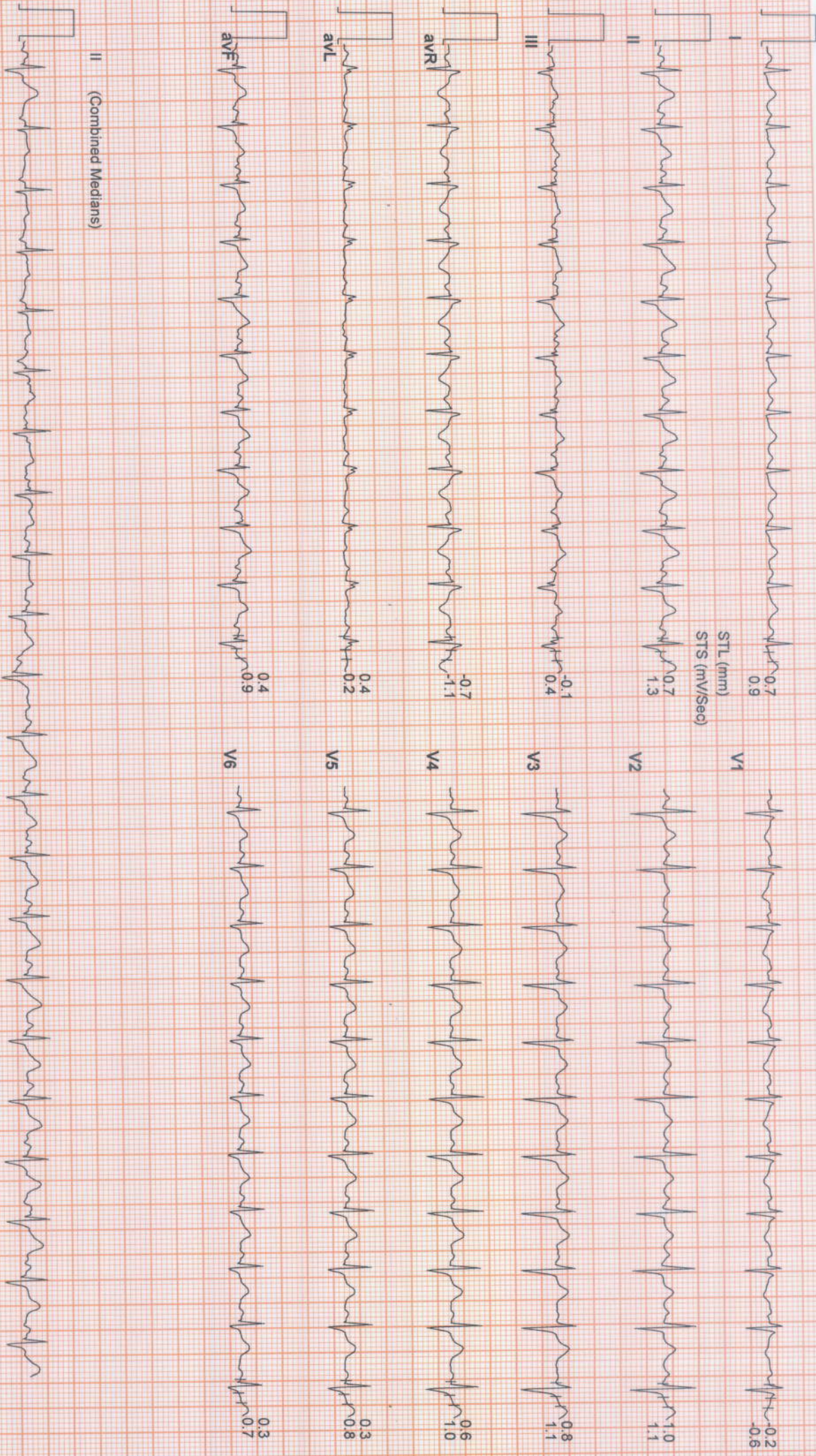
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 1 ( 03:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 4.7 HR : 130 Target HR : 70% of 186 BP : 120/70 Post J @80mSec

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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

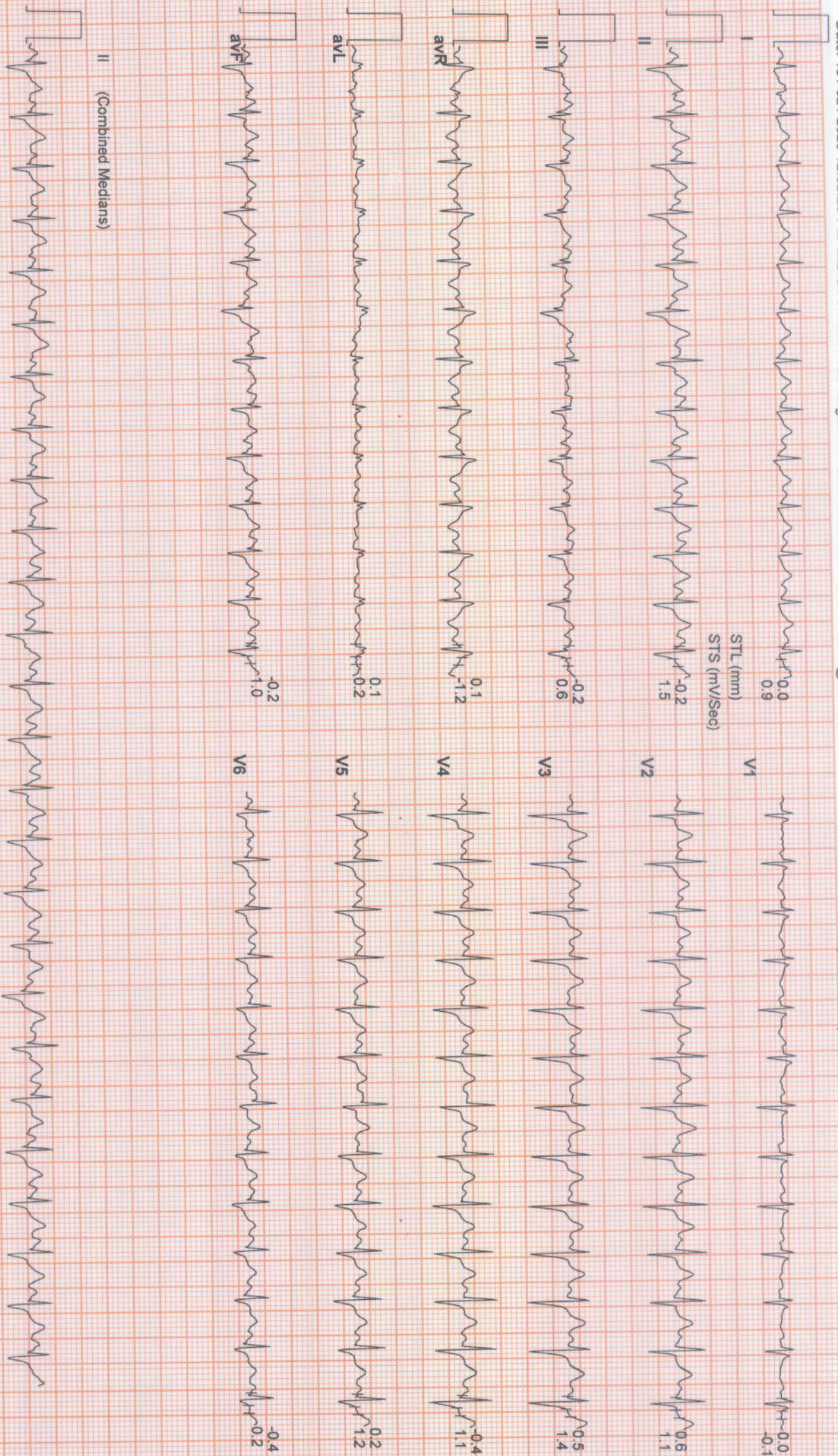
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 2 ( 03:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 7.1 HR : 158 Target HR : 85% of 186 BP : 150/0 Post J @60mSec

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



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

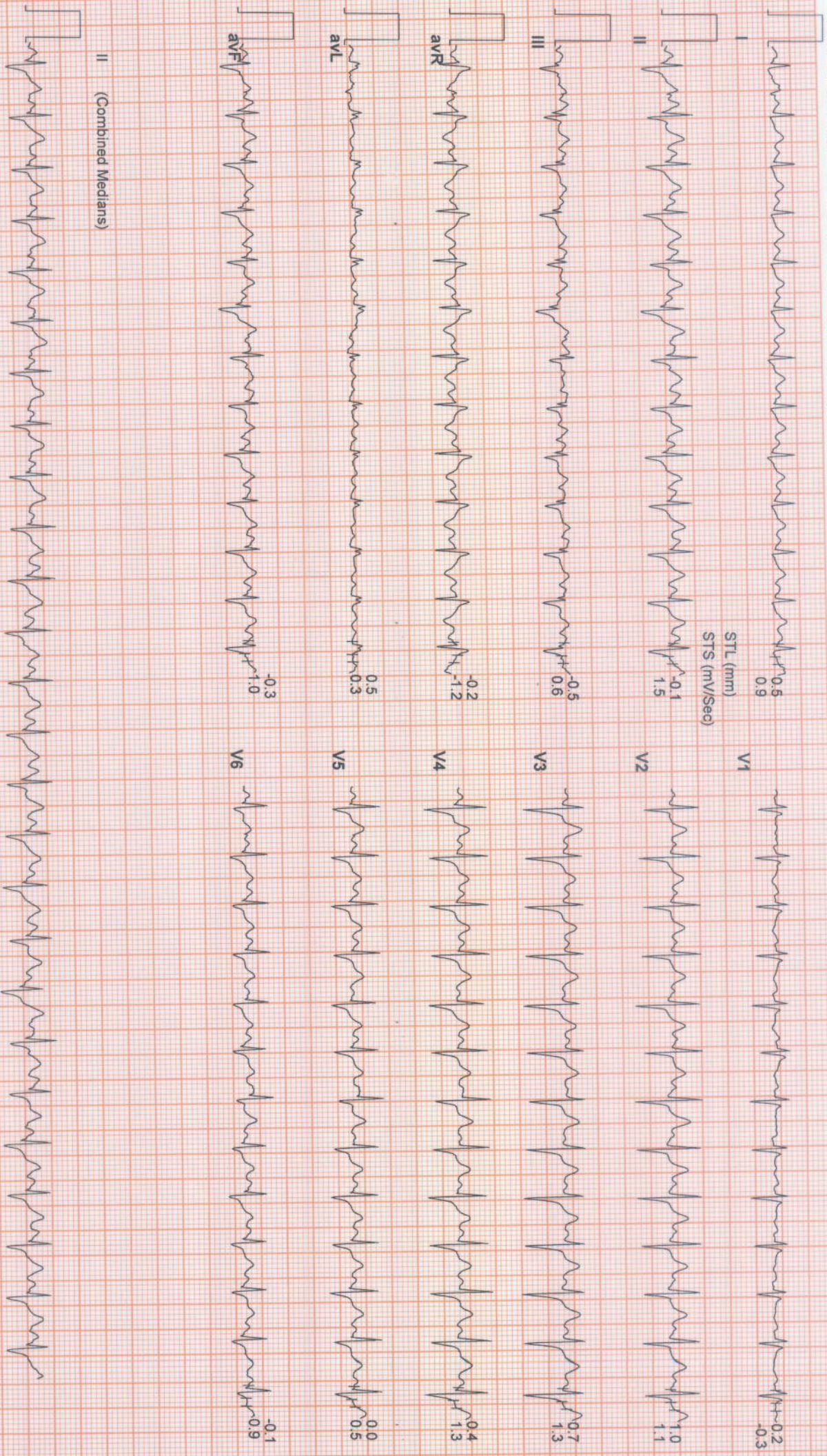
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
PeakEx



Date: 18 / 02 / 2023 12:32:29 PM METs : 7.2 HR : 158 Target HR : 65% of 186 BP : 150/80 Post J @60mSec

EXTime: 06:06 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

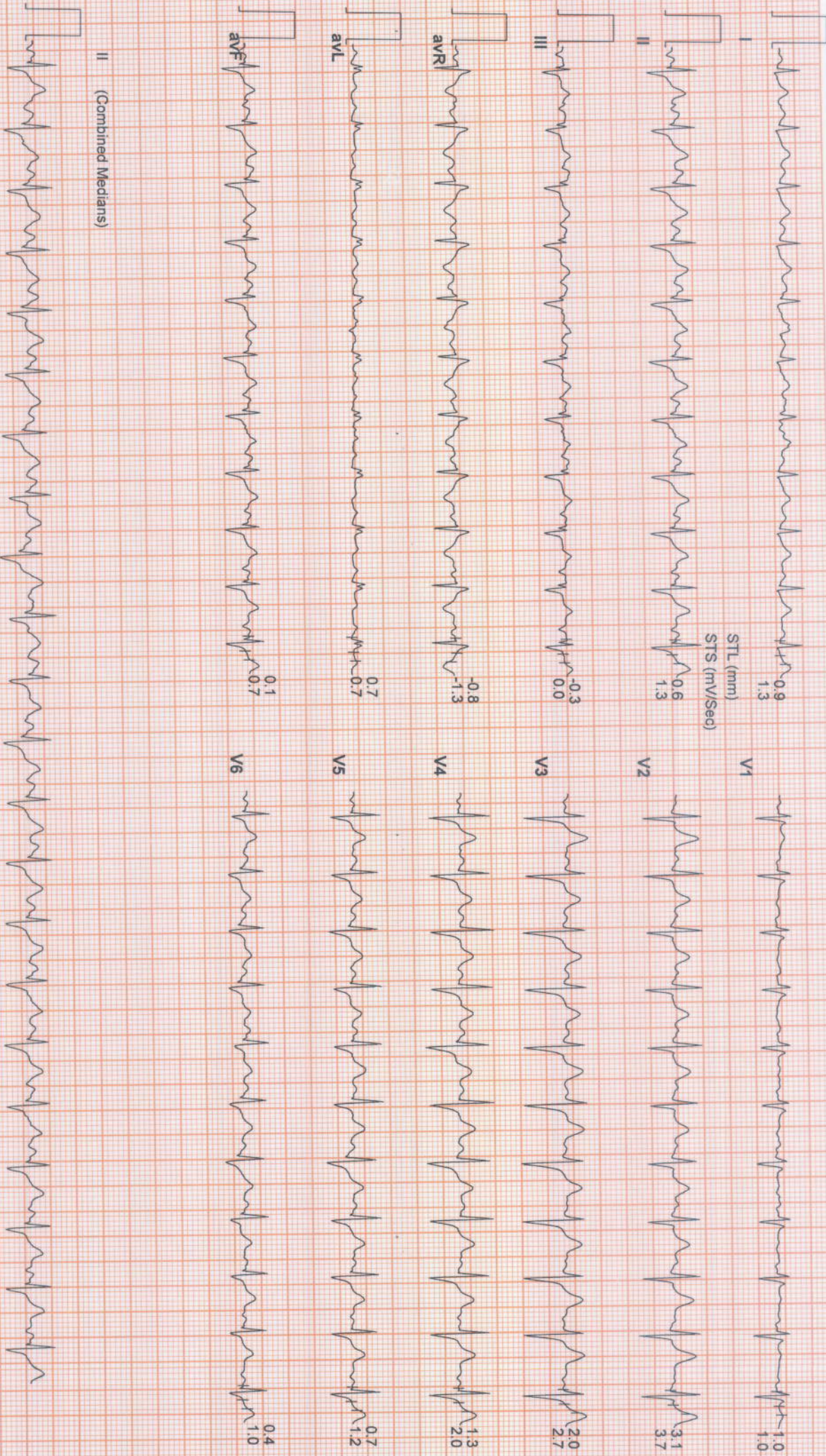
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.1 HR : 129 Target HR : 69% of 186 BP : 150/80 Post J @70mSec

EXTime: 06:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

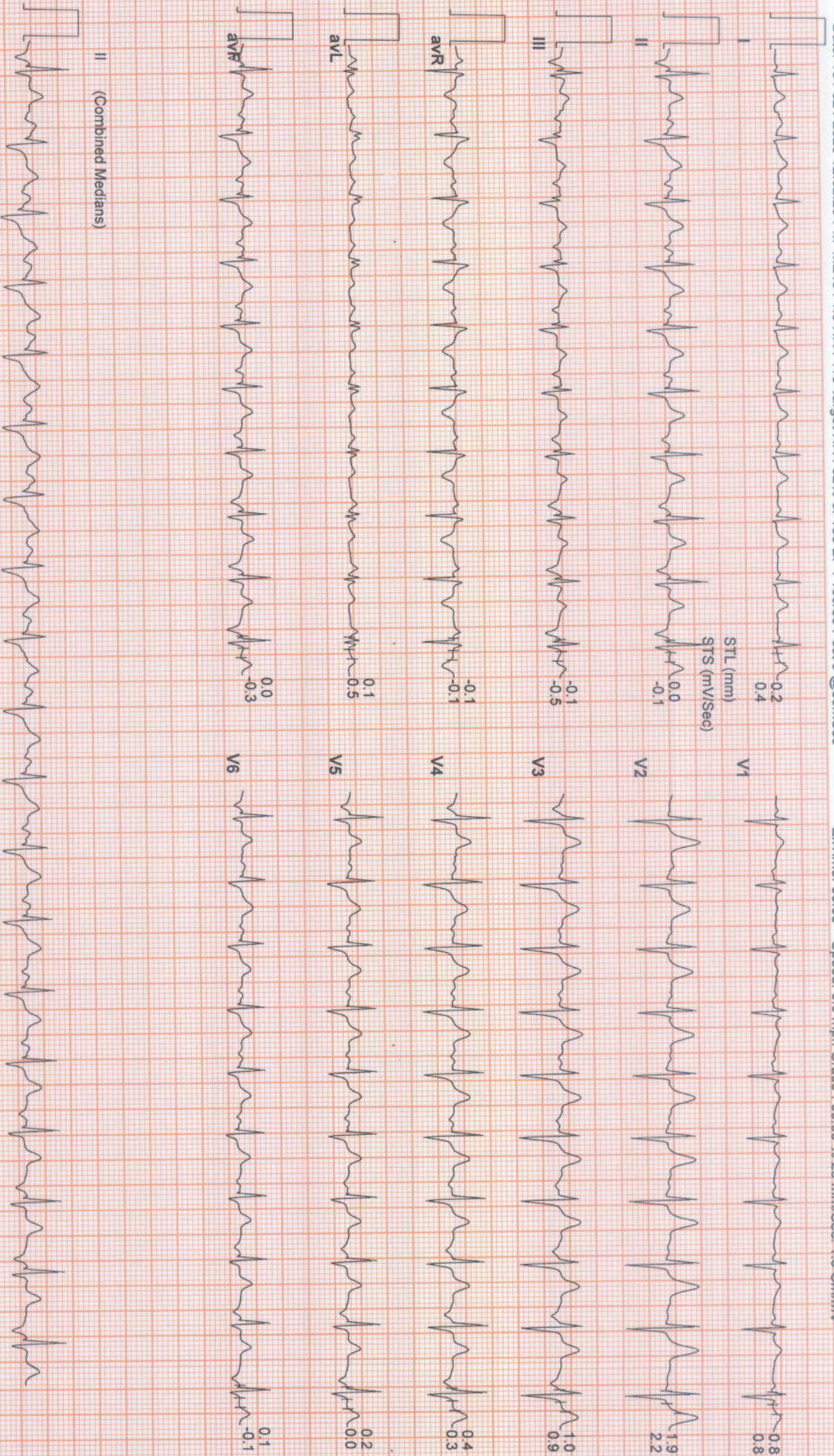
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 116 Target HR : 62% of 186 BP : 150/80 Post J @80mSec

ExTime: 06:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec - 1.0 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

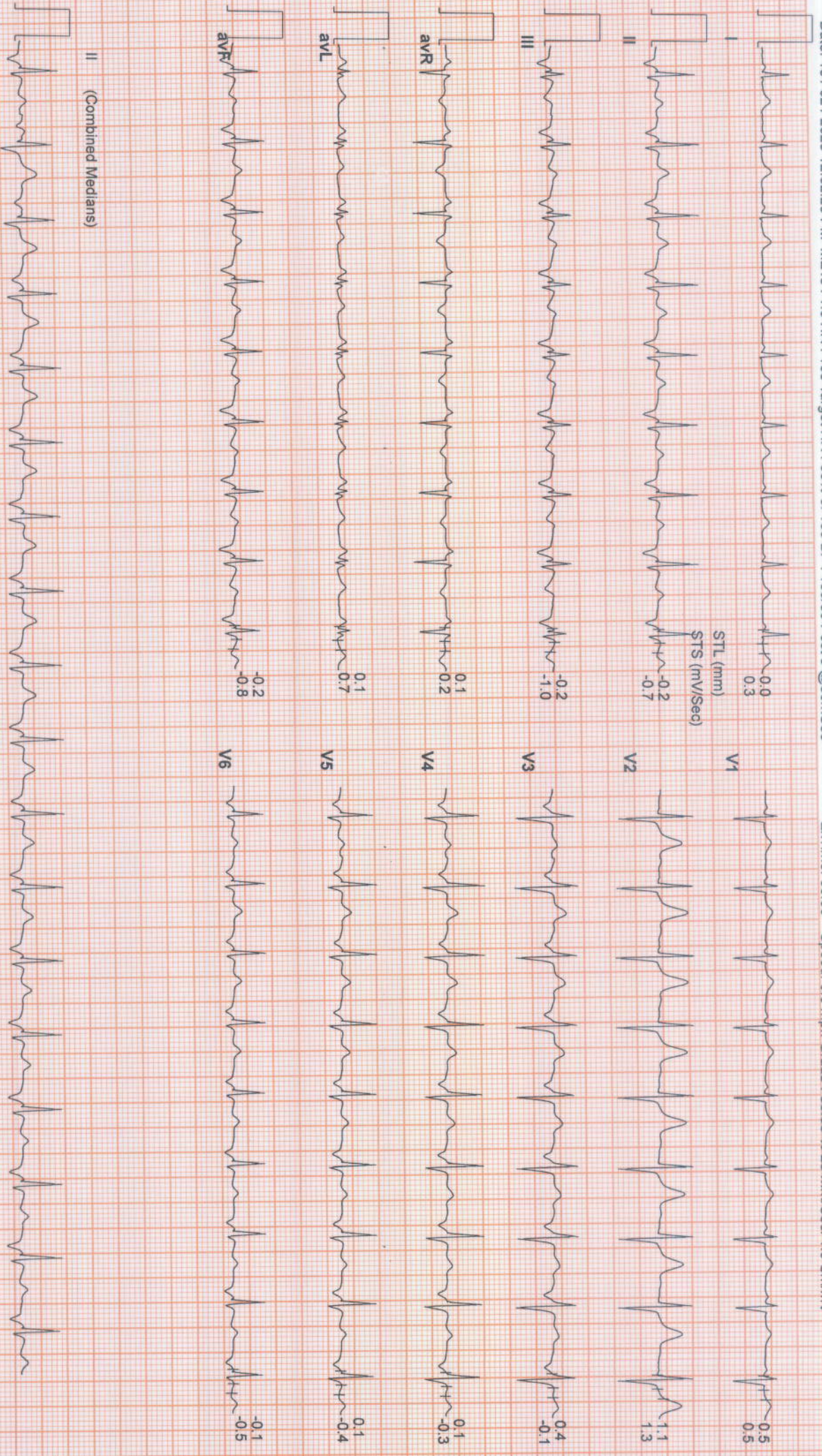
452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 04:00 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 108 Target HR : 58% of 186 BP : 130/80 Post J @80mSec

ExTime: 06:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec -1.0 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

452 / PRERNA VERMA / 34 Yrs / Female / 155 Cm / 57 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 04:14 )



Date: 18 / 02 / 2023 12:32:29 PM METs : 1.0 HR : 103 Target HR : 55% of 186 BP : 130/80 Post J @80mSec

ExTime: 06:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

