



CID : 2308421665
Name : MS.KUMARI SARASWATI
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 25-Mar-2023 / 14:29

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	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.87	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.2	36-46 %	Measured
MCV	90.9	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4820	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	1701.5	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	351.9	200-1000 /cmm	Calculated
Neutrophils	55.1	40-80 %	
Absolute Neutrophils	2655.8	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	106.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	4.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	213000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	18.2	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 **81** 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 : 25-Mar-2023 / 09:35
Reported : 25-Mar-2023 / 14:18

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	98.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	119.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	127.3	35-105 U/L	PNPP
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.9	6-20 mg/dl	Calculated



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Reported : 25-Mar-2023 / 18:55

CREATININE, Serum	0.59	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	121	>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	5.3	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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



Amit Taori

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Collected : 25-Mar-2023 / 09:35
Reported : 25-Mar-2023 / 16:59

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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	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

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

*** End Of Report ***



MC-5314

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2308421665
Name : MS.KUMARI SARASWATI
Age / Gender : 39 Years / Female
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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 09:35
Reported : 25-Mar-2023 / 14:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	223.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.5	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	53.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	170.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	148.0	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	22.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	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





CID : 2308421665
Name : MS.KUMARI SARASWATI
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 09:35
Reported : 25-Mar-2023 / 13:02

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	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	0.691	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



CID : 2308421665
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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 25-Mar-2023 / 13:02

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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 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 G B Road Lab, Thane West

*** End Of Report ***



MC-5314

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



भारत सरकार
Government of India



Saraswati Kumari
DOB: 17/12/1983
Female

8547 4297 6119



मेरा आधार, मेरी पहचान



Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Kumari Saraswati.
don't want to performed the following tests:

- 1) Stool R.
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2308421665. 25/03/23

Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Ltd.

Thanking you.

Kumari

Yours sincerely,

(Mr/Mrs/Ms. Saraswati Kumari)

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Saraswati kumar	Sex/Age	F / 39 yrs
Date	25/03/2023	Location	KASARVADAVALI

History and Complaints

- Hypothyroidism (2012) on thyronorm (100mcg)
- sister = hypothyroidism
- Hx for Ear operation

EXAMINATION FINDINGS:

Height	149	Temp (0c):	Afebrile
Weight	57	Skin:	} NAD
Blood Pressure	110/80	Nails:	
Pulse	70/min	Lymph Node:	

Systems :

Cardiovascular:	→ 152 (A)
Respiratory:	} NAD
Genitourinary:	
GI System:	
CNS:	

Impression:

USG Abdo sto = cholelithiasis
 ↑ ESR: 87
 ↑ ALP outare = 127.3
 ↑ TC, NonHDL & LDL levels

ADVICE :

• Regular exercise & weight of 5 kgs required
• Avoid fried, fatty food & sweets
• Consult physician

CHIEF COMPLAINTS :

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	No
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	hypothyroid (2012)
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	No
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol	=	No
2)	Smoking	=	No
3)	Diet	=	Veg
4)	Medication	=	Thyronorm (100 mg)

Dr. Kavin H. Shah
M.B.B.S., D.CARD.



Date : 25/03/2023

CID :

Name : Mrs. SHRAJWATI kumari

Sex/Age : F / 39 yr

EYE CHECK UP

Chief complaints : Headache (on & off)

Systematic Diseases : Nil

Past History : Nil

Unaided Vision : $\left\{ \begin{array}{l} \text{Rt Eye} = 6/6 \\ \text{Lt Eye} = 6/6 \end{array} \right.$

Aided Vision : NIL

Refraction : Nil

Colour Vision : Normal colour vision

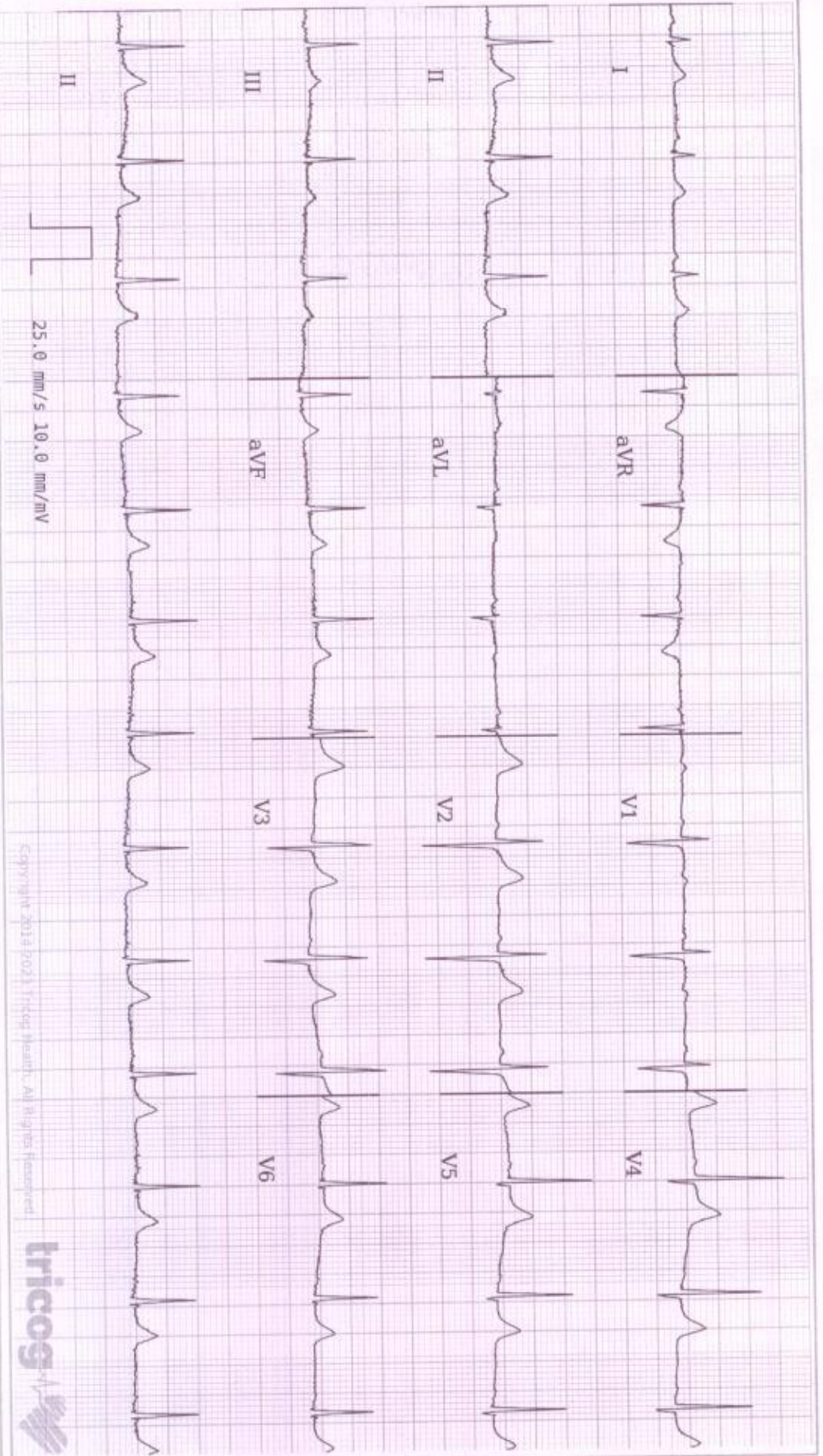
Remarks : Normal vision





Patient Name: KUMARI SARASWATI
Patient ID: 2308421665

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALI
Date and Time: 25th Mar 23 11:45 AM



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Age **39** years 3 months 8 days

Gender **Female**

Heart Rate **79bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 348ms
QTc: 399ms
PR: 108ms
P-R-T: 28° 74° 57°

REPORTED BY

Dr. Kavay Shah
MBBS, D. CARD
2009/10-3488

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in 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 entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVAVALI

Patient Details

Date: 25-Mar-23

Time: 12:12:52 PM

Name: MS. SARASWATI KUMARI ID: 2308421665

Age: 39 y

Sex: F

Height: 149 cms

Weight: 57 Kgs

Clinical History: Hypothyroidism since 2012

Medications: Thyronorm 100mcg

Test Details

Protocol: Bruce

Pr.MHR: 181 bpm

THR: 153 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 30 s

Max. HR: 156 (86% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

Max. BP x HR: 21840 mmHg/min

Min. BP x HR: 6480 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 : 28	1.0	0	0	83	110 / 80	-0.21 aVR	1.06 V4
Standing	0 : 6	1.0	0	0	84	110 / 80	-0.21 III	1.06 V4
Hyperventilation	0 : 11	1.0	0	0	81	110 / 80	-0.21 aVR	1.06 V4
1	3 : 0	4.6	1.7	10	122	120 / 80	-0.42 III	2.83 V6
2	3 : 0	7.0	2.5	12	146	130 / 80	-1.06 III	2.48 V3
Peak Ex	0 : 30	10.2	3.4	14	156	140 / 80	-1.49 V5	2.48 V3
Recovery(1)	1 : 0	1.8	1	0	143	140 / 80	-2.12 V4	3.18 V3
Recovery(2)	1 : 0	1.0	0	0	117	130 / 80	-1.70 V3	2.83 V3
Recovery(3)	1 : 0	1.0	0	0	97	120 / 80	-1.06 V5	1.77 V3
Recovery(4)	1 : 0	1.0	0	0	91	110 / 80	-0.85 V4	0.71 II
Recovery(5)	0 : 31	1.0	0	0	91	110 / 80	-0.85 V5	1.06 V3

Interpretation

The patient exercised according to the Bruce protocol for 6 m 30 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 83 bpm, rose to a max. heart rate of 156 (86% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 140 / 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

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MS. SARASWATI KUMARI (39 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 110/80

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

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

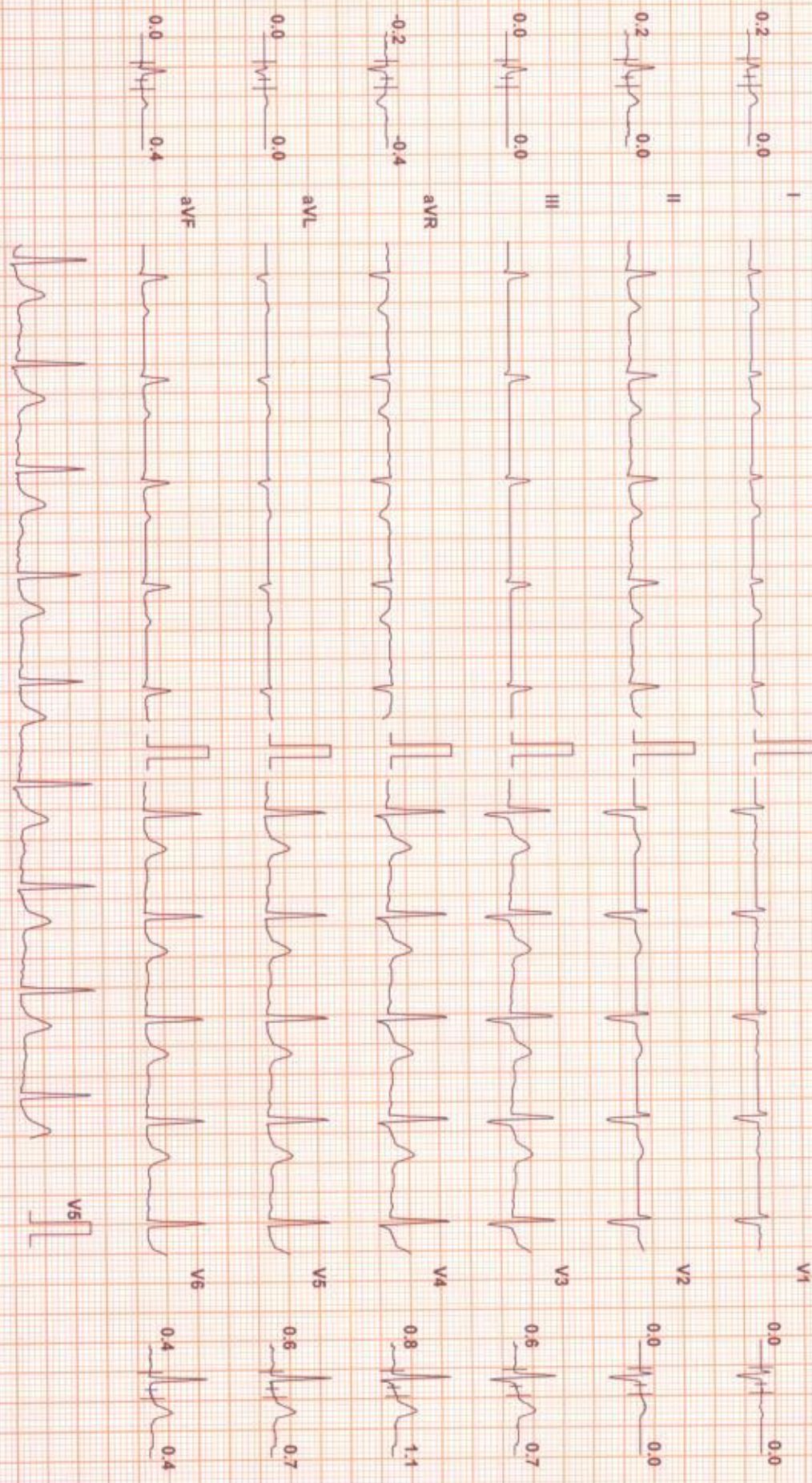


Chart Speed: 25 mm/sec
Schluter Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

90 + R - 60 ms

J - R + 60 ms

Post J - J + 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2308421665

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 82 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 110 / 80

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

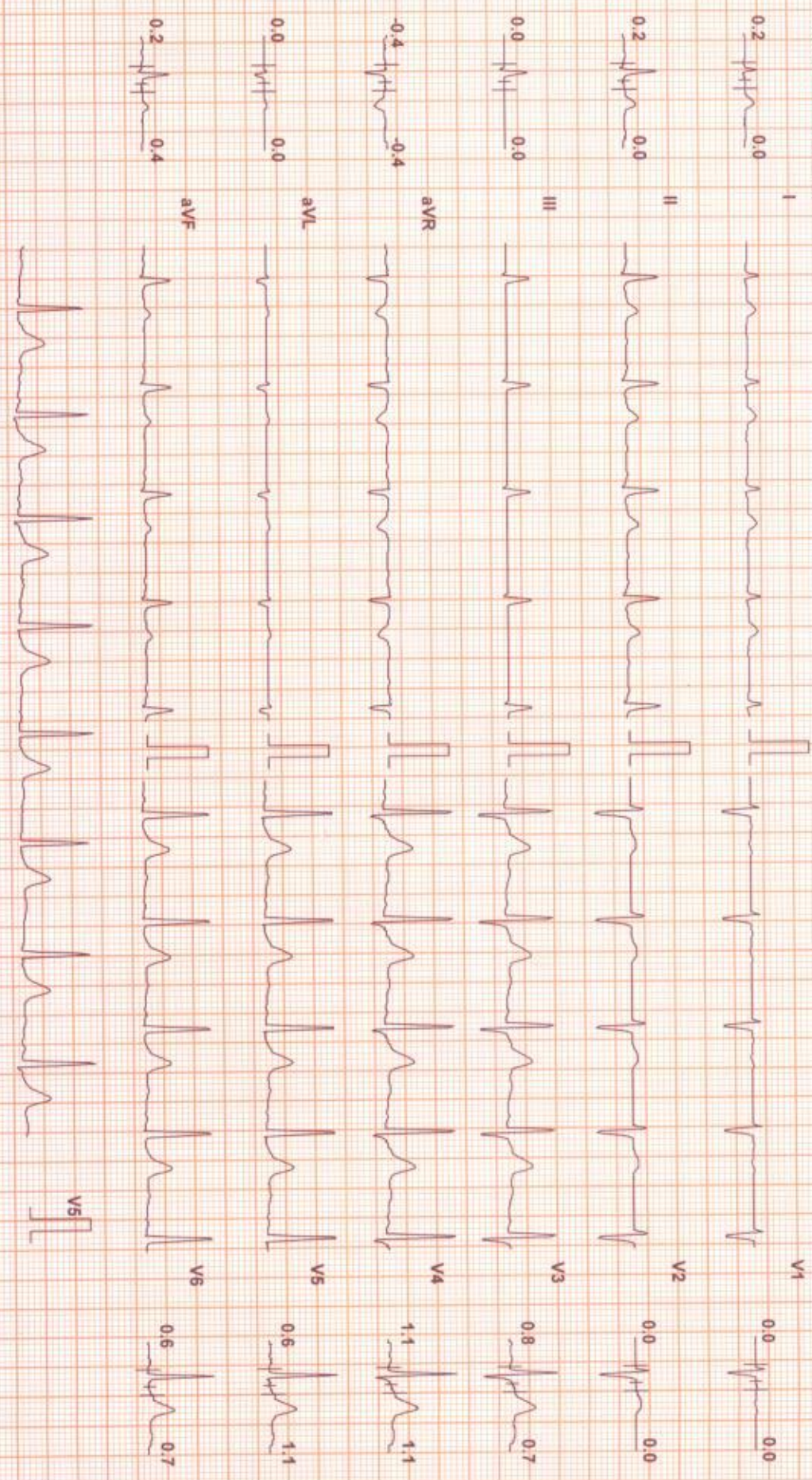


Chart Speed: 25 mm/sec
Schiller Spindler V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 + R - 60 ms

J = R + 80 ms

Post J = J + 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

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

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

0.0 0.4

0.0 0.0

0.4 0.4

0.2 0.4

0.4 0.4

0.8 0.7

0.0 0.0

1.1 1.1

0.2 0.4

0.6 0.7

0.0 0.0

0.6 0.7

0.0 0.0

0.6 0.7

0.2 0.4

0.6 0.7

0.0 0.0

0.6 0.7

0.0 0.0

0.6 0.7

0.2 0.4

0.6 0.7

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

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms J = P + 60 ms Post J = J + 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 118 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 153 bpm)

B.P: 120 / 80

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

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

0.0 0.0



0.2 0.4

0.2 1.1



0.2 0.4

0.0 0.4



0.8 2.1

0.0 -0.4



0.6 1.8

0.0 0.0



0.2 1.4

0.2 1.1



0.2 2.1



0.2 0.4



0.2 1.4



0.2 1.8

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm 60 + R - 60 ms J = R + 60 ms Post J = J + 60 ms Schiller Spanda V.4.7 Linked Median



MS. SARASWATI KUMARI (39 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2308421665

Date: 25-Mar-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 146 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 153 bpm)

B.P.: 130/80

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

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

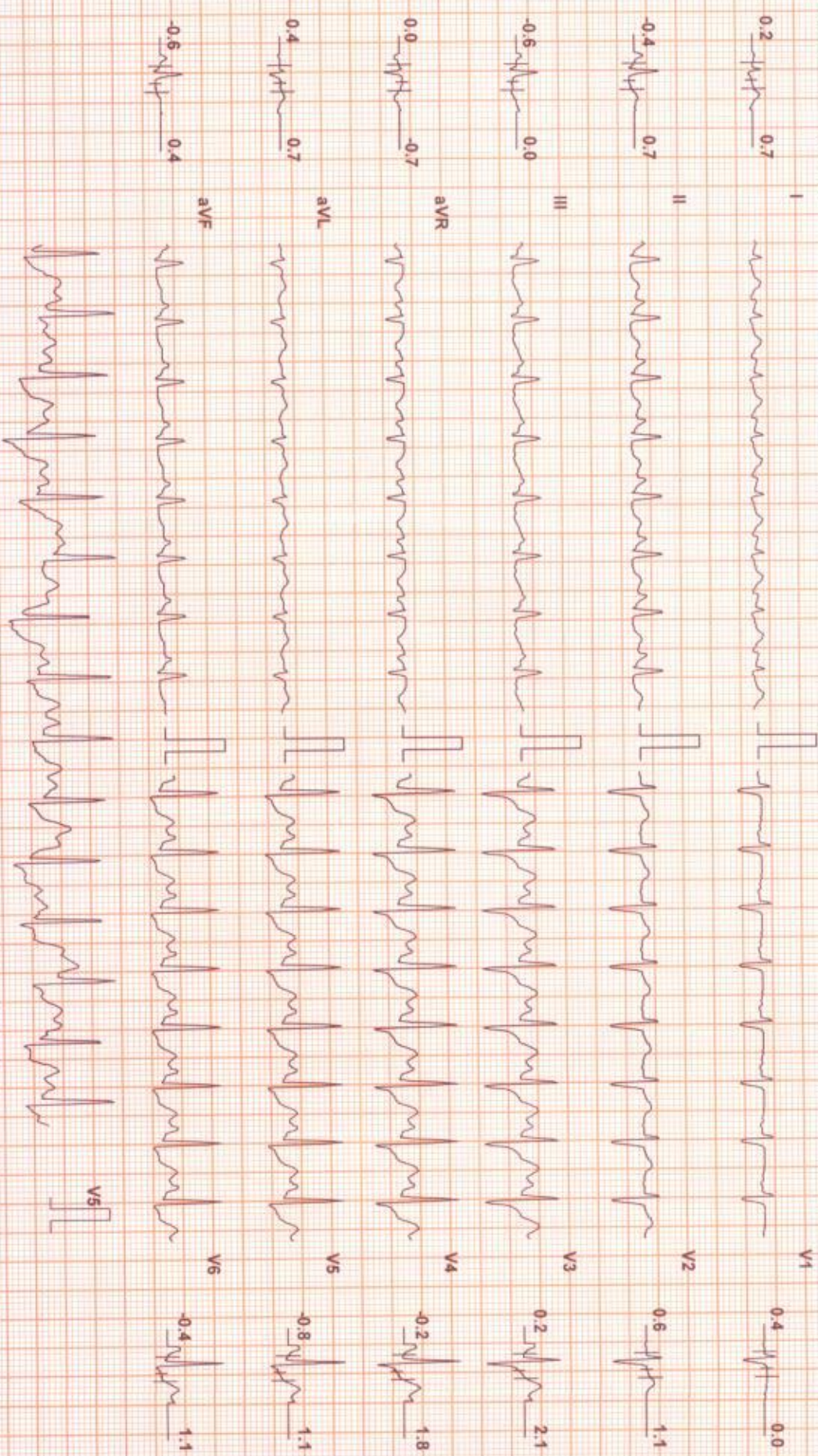


Chart Speed: 25 mm/sec
Schluter Spanden V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

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

Linked Median



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 11 s Stage Time : 0 m 11 s

HR: 154 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 153 bpm)

B.P: 140 / 80

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

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

0.2 0.0



V1

0.0 -0.4

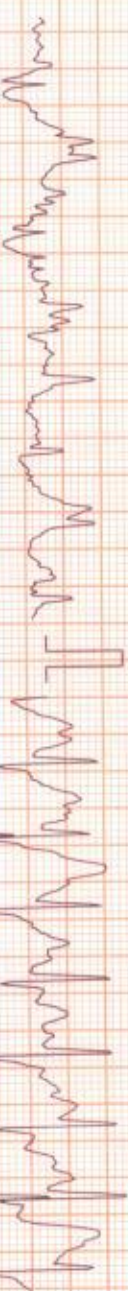
-0.2 0.7



V2

0.2 0.4

-0.6 0.4



V3

-0.4 2.5

0.0 -0.7



V4

-1.7 -1.1

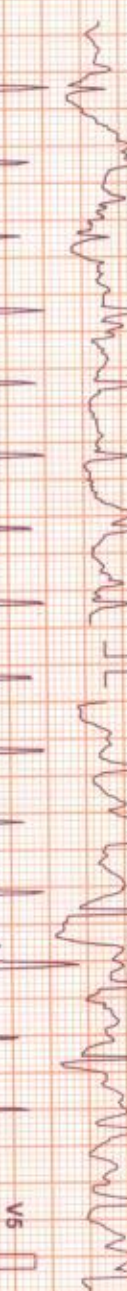
0.2 0.0



V5

-1.7 0.7

-0.4 0.7



V6

-1.7 0.0



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

V = R + 60 ms

Post V = V + 60 ms

Schiller Spindler V47



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 30 s Stage Time : 0 m 54 s

HR: 126 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 140/80

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

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

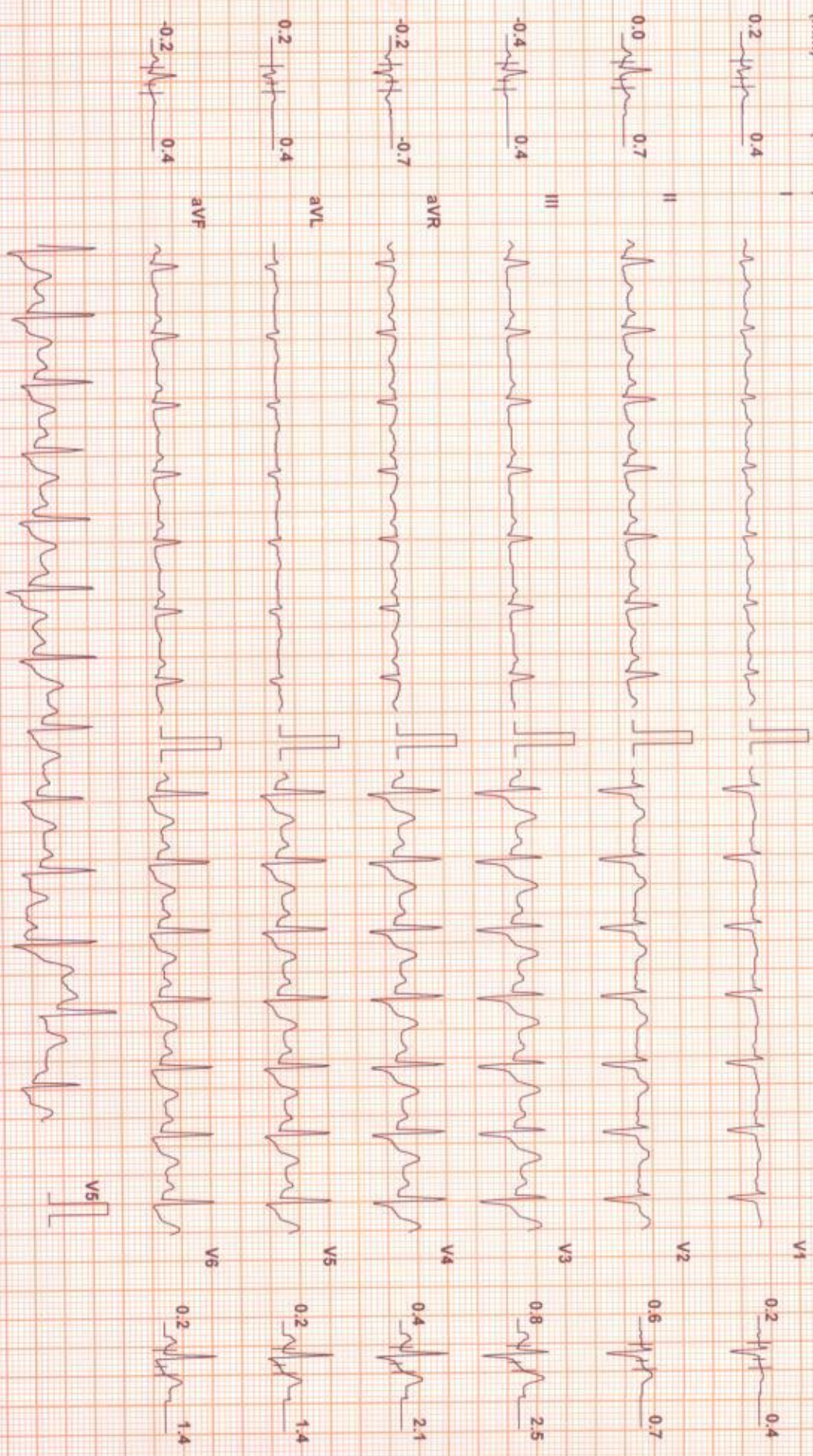


Chart Speed: 25 mm/sec
Schluter Spandari V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO + R - 60 ms

J - R + 60 ms

Post J - J + 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 30 s Stage Time : 0 m 54 s

HR: 114 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 130 / 80

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

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

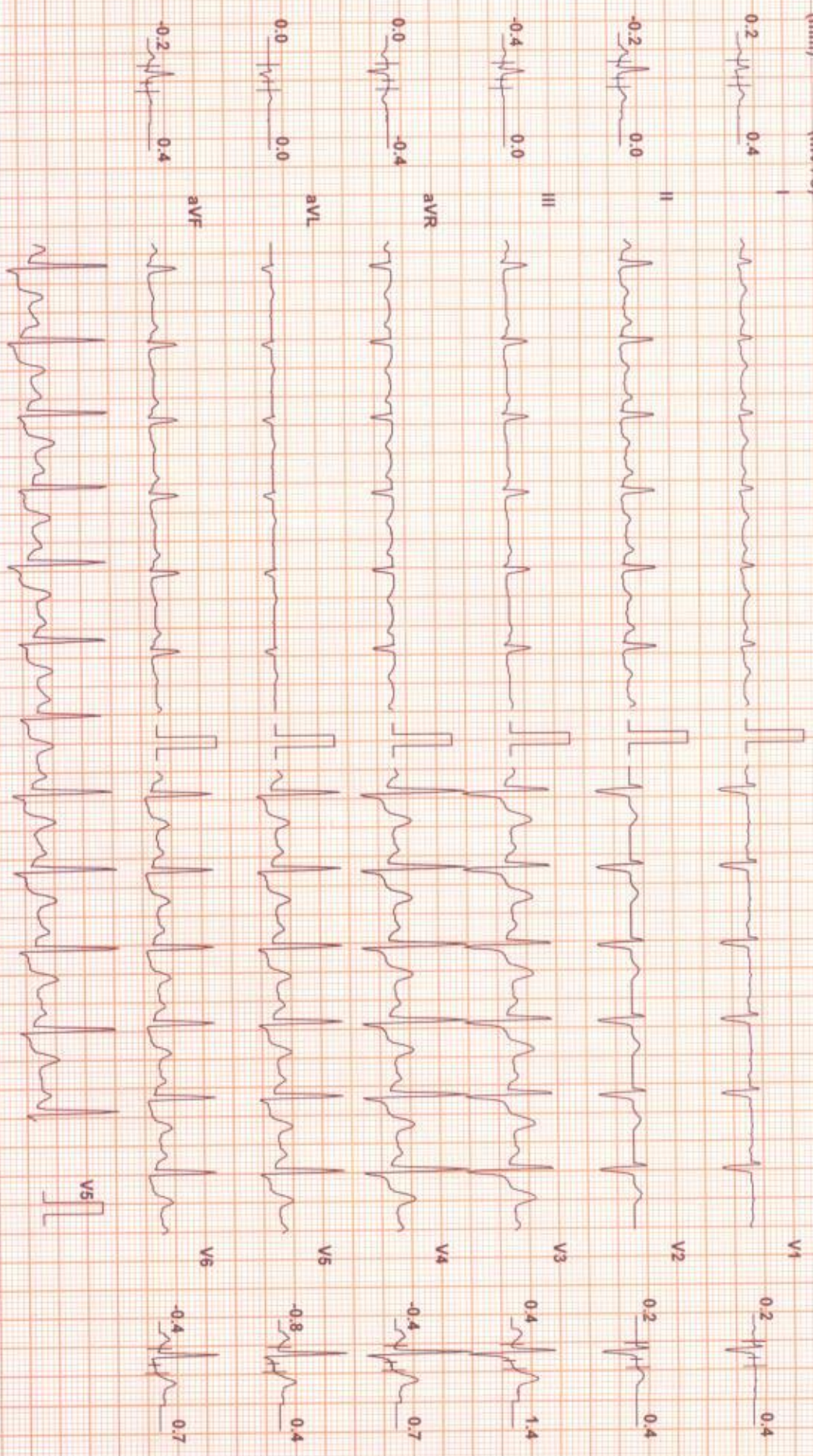


Chart Speed: 25 mm/sec
Sattel/Spalden V47

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

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

Linked Median



MS. SARASWATI KUMARI (39 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 30 s Stage Time : 0 m 54 s HR: 100 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(IHR: 153 bpm)

B.P: 120 / 80

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

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

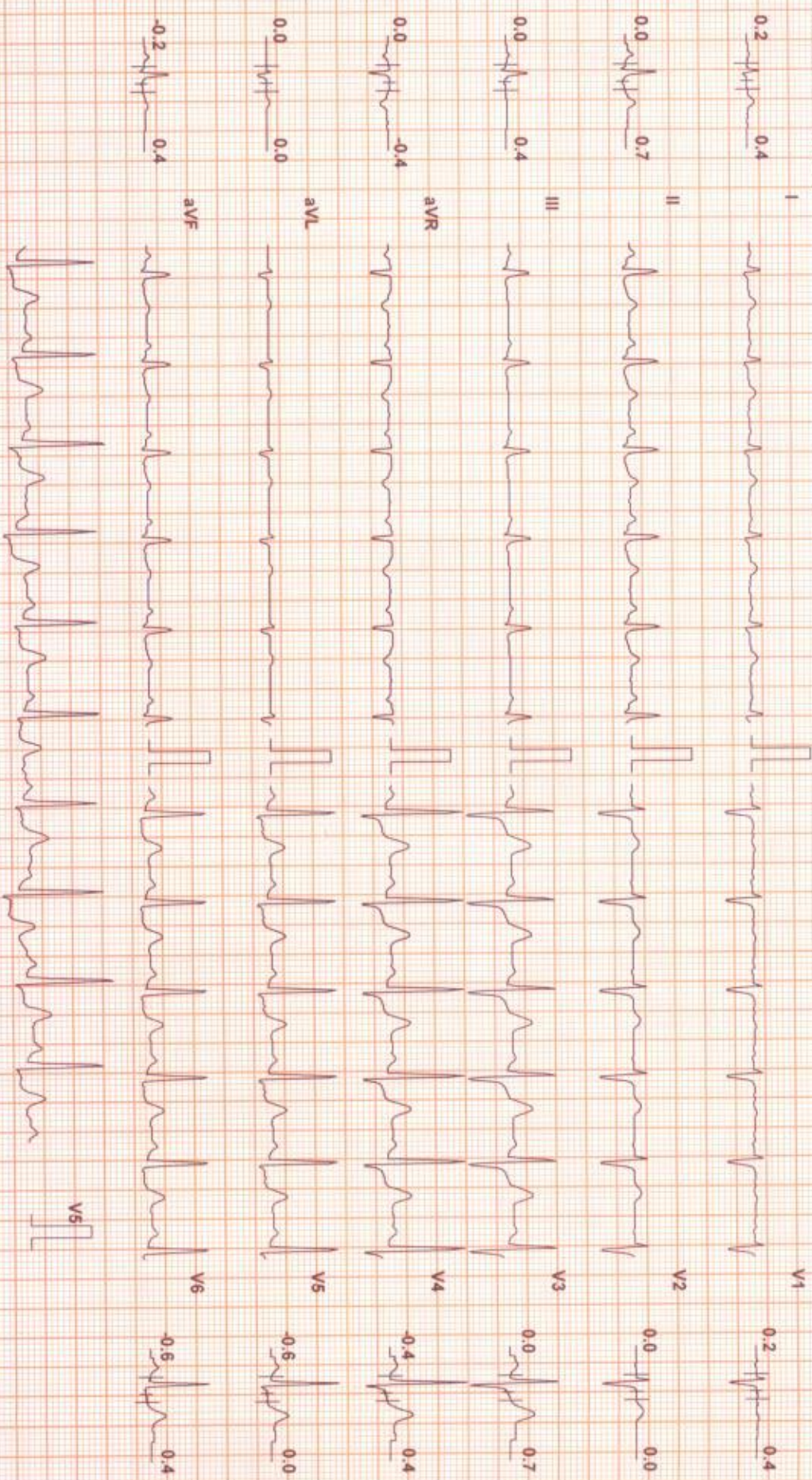


Chart Speed: 25 mm/sec
Schluter Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms V = R + 60 ms

Post J = J + 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 30 s Stage Time : 0 m 54 s

HR: 89 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 110 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schiller Standard V & T

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 → R ← 60 ms

J → R ← 60 ms

Post J ← 60 ms

Linked Median



MS. SARASWATI KUMARI (39 F)

ID: 2308421665

Date: 25-Mar-23

Exec Time : 6 m 30 s Stage Time : 0 m 54 s

HR: 89 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P. 110 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

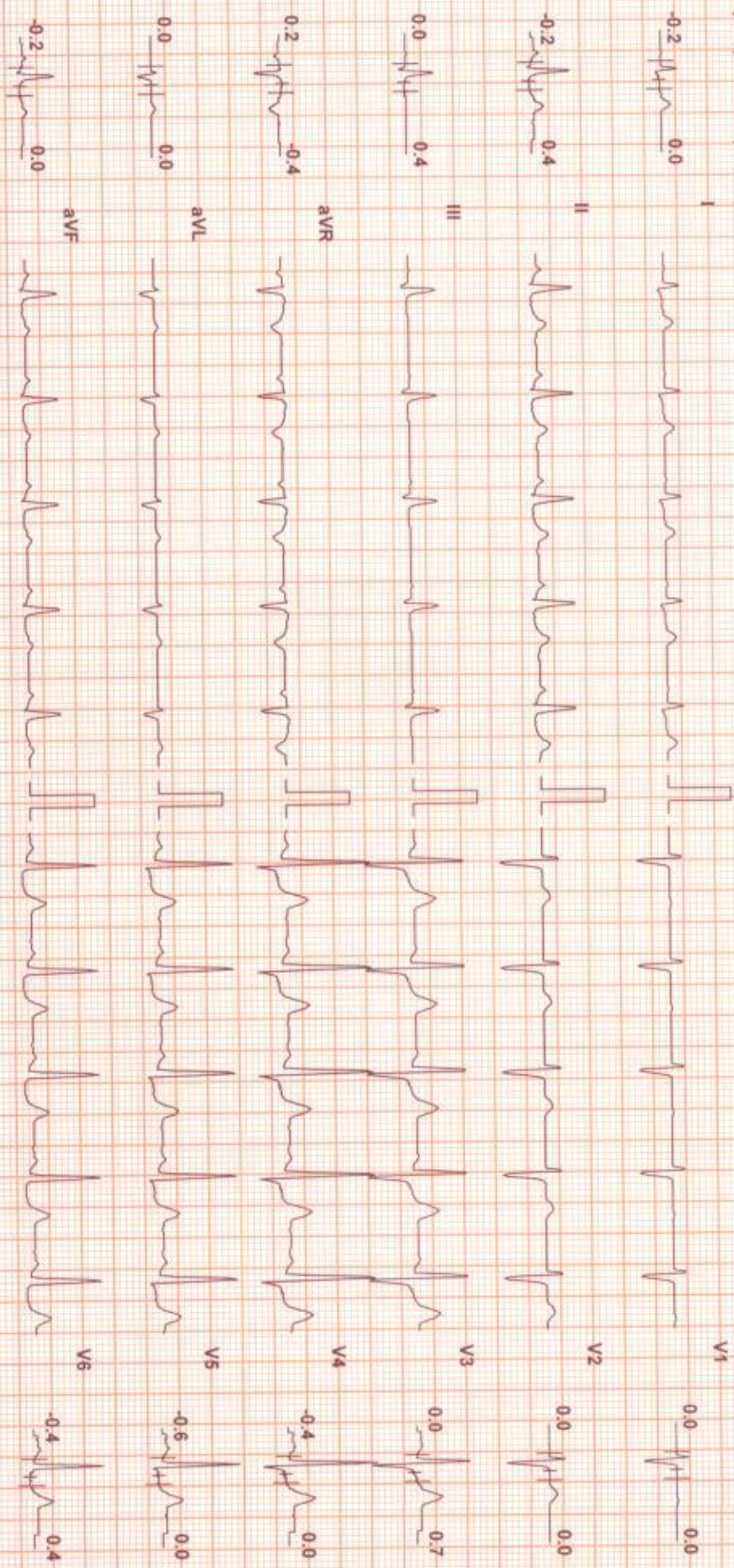


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

50 = R - 60 mm/s

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller SpeedStar V4.7



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421665
Name : Ms KUMARI SARASWATI
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:07

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.
Two calculi noted in gb lumen measuring 2-3 mm.

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 4.0 cm. Left kidney measures 10.0 x 4.1 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 6.1 x 3.2 x 3.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.4 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

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CID : 2308421665
Name : Ms KUMARI SARASWATI
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:07

R
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R
T

IMPRESSION:
CHOLELITHIASIS.

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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Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421665
Name : Ms KUMARI SARASWATI
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:42

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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