

CID# : 2234420147

Name : MS.T ATHULYA

Age / Gender : 29 Years/Female

Consulting Dr. : -

Reg.Location : Andheri West (Main Centre)

Collected : 10-Dec-2022 / 09:26

Reported : 12-Dec-2022 / 13:20

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	147 cms	Weight (kg):	54 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70 mm of Hg	Nails:	Normal
Pulse:	78/min	Lymph Node:	Not palpable

LMP:	08/11/2022
MH:	Cycles Regular

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

All reports appears to be in normal limits.

ADVICE:

Therapeutic life style modification is advised,
Regular exercise for 30-40 minutes is recommended.

CHIEF COMPLAINTS:

- | | |
|------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |

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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 Lap Cholecystectomy in 2021
17) Musculoskeletal System	NO

PERSONAL HISTORY:

1) Alcohol	NO
2) Smoking	NO
3) Diet	Mixed
4) Medication	NO

*** End Of Report ***

Sangeeta Manwani

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



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Name : MS.T ATHULYA
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 10-Dec-2022 / 09:36
Reported : 10-Dec-2022 / 10:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.26	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.7	36-46 %	Calculated
MCV	86.2	80-100 fl	Measured
MCH	28.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.3	20-40 %	
Absolute Lymphocytes	2890	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	500	200-1000 /cmm	Calculated
Neutrophils	56.3	40-80 %	
Absolute Neutrophils	4740	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	270	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	226000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Measured
PDW	18.4	11-18 %	Calculated

Authenticity Check



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RBC MORPHOLOGY

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 9 2-20 mm at 1 hr. Sedimentation

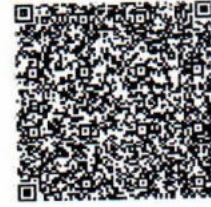
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



MC-2111

M. Jain

Dr. MILLU JAIN
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	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	77.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.51-0.95 mg/dl	Enzymatic

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Reported : 10-Dec-2022 / 18:00

eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.5	2.4-5.7 mg/dl	Enzymatic
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 CPL, Andheri West
*** End Of Report ***



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



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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 ***

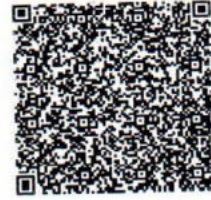


MC-2111

J. Thakker

Dr. JYOT THAKKER

Pathologist & AVP (Medical Services)



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Reported : 10-Dec-2022 / 15:54

**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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<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	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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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 CPL, Andheri West
*** End Of Report ***



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 ***



M Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Collected : 10-Dec-2022 / 09:36
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

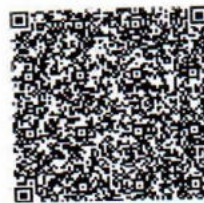
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	135.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.14	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 ***



Anupa Dixit

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

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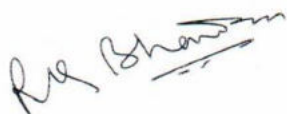
X-RAY CHEST PA VIEW

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.

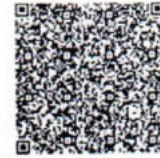
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***


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

Authenticity Check



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Name : Ms T ATHULYA

Age / Sex : 29 Years/Female

Ref. Dr :

Reg. Date : 10-Dec-2022

Reg. Location : Andheri West (Main Center)

Reported : 10-Dec-2022 / 14:28

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.6cm), 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.

ALL BLADDER:

The gall bladder is not visualized. (Post cholecystectomy status).

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 8.2 x 3.5cm. Left kidney measures 8.9 x 4.4cm.

SPLEEN:

The spleen is normal in size (7.3cm) 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 4.7 x 3.3cm in size.

The endometrial thickness is 11.2mm.

OVARIES:

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.9 x 1.6cm

Left ovary = 2.7 x 1.5cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121009293741>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Andheri West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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Reg. Location : Andheri West (Main Center)

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022 / 14:28

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

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Corporate Identity Number (CIN): U85110MH2002PTC136144

Date:- 10/12/2022

CID: 2234420147

Name:- MS. T. ATHULYA

Sex / Age: 29 / F

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

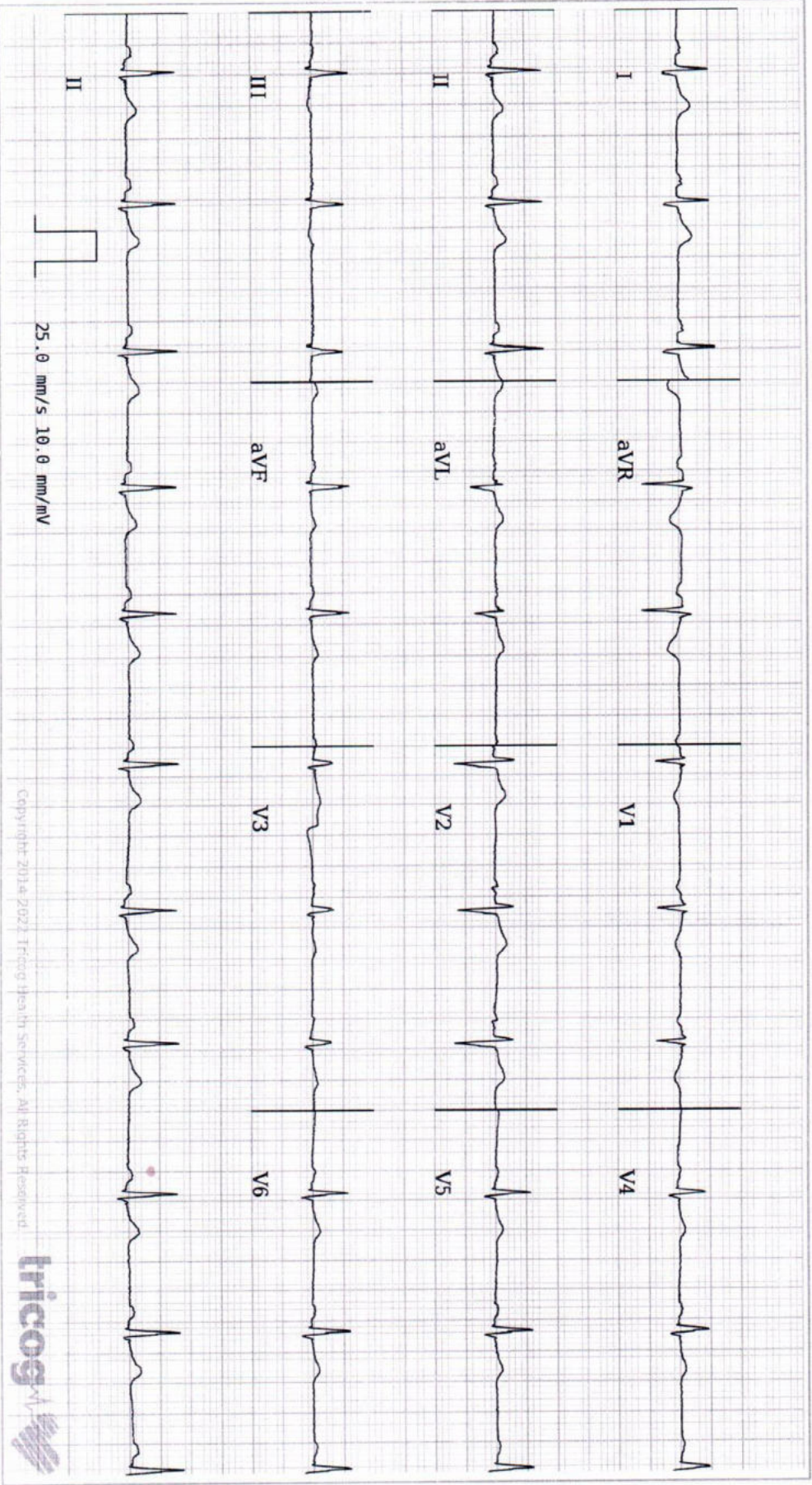
(Right Eye)

(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



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Age **29** **10** **5**
years months days

Gender **Female**

Heart Rate **65bpm**

Patient Vitals

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

Measurements

QRSD: 84ms
QT: 380ms
QTc: 395ms
PR: 146ms
P-R-T: 40° 66° 29°

ECG Within Normal Limits: Low Voltage QRS, Sinus Rhythm, Normal Axis, rsr' in V1. Please correlate clinically.

REPORTED BY

DR. RAVI CHAVAN
MD, D. CARD. 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: 10-Dec-22

Time: 12:58:54

Name: MS. T ATHULYA ID: 2234420147

Age: 29 y

Sex: F

Height: 147 cms

Weight: 54 Kgs

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 191 bpm

THR: 162 (85 % of Pr.MHR) bpm

Total Exec. Time: 8 m 51 s

Max. HR: 162 (85% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 70 mmHg

Max. BP x HR: 22680 mmHg/min

Min. BP x HR: 4550 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 : 39	1.0	0	0	77	100 / 70	-5.52 V1	5.66 V5
Standing	0 : 7	1.0	0	0	71	100 / 70	-0.64 aVR	1.06 II
Hyperventilation	0 : 7	1.0	0	0	65	100 / 70	-0.64 aVR	1.06 II
1	3 : 0	4.6	1.7	10	113	110 / 70	-1.06 aVR	1.77 II
2	3 : 0	7.0	2.5	12	126	120 / 70	-1.70 aVF	2.83 II
Peak Ex	2 : 51	10.2	3.4	14	162	140 / 70	-3.18 II	5.66 II
Recovery(1)	1 : 0	1.8	1	0	142	120 / 70	-4.88 III	4.95 I
Recovery(2)	1 : 0	1.0	0	0	124	110 / 70	-1.91 II	-4.60 V1
Recovery(3)	0 : 31	1.0	0	0	109	100 / 70	-1.06 III	2.48 V4

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE
 ISCHAEMIA

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 : 2004/06/2468



SUBURBAN DIAGNOSTICS

Test Report

MS: TATHULYA (29 F)

ID: ZZ34420147

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 1 m 33 s HR: 77 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 100 / 70

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

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

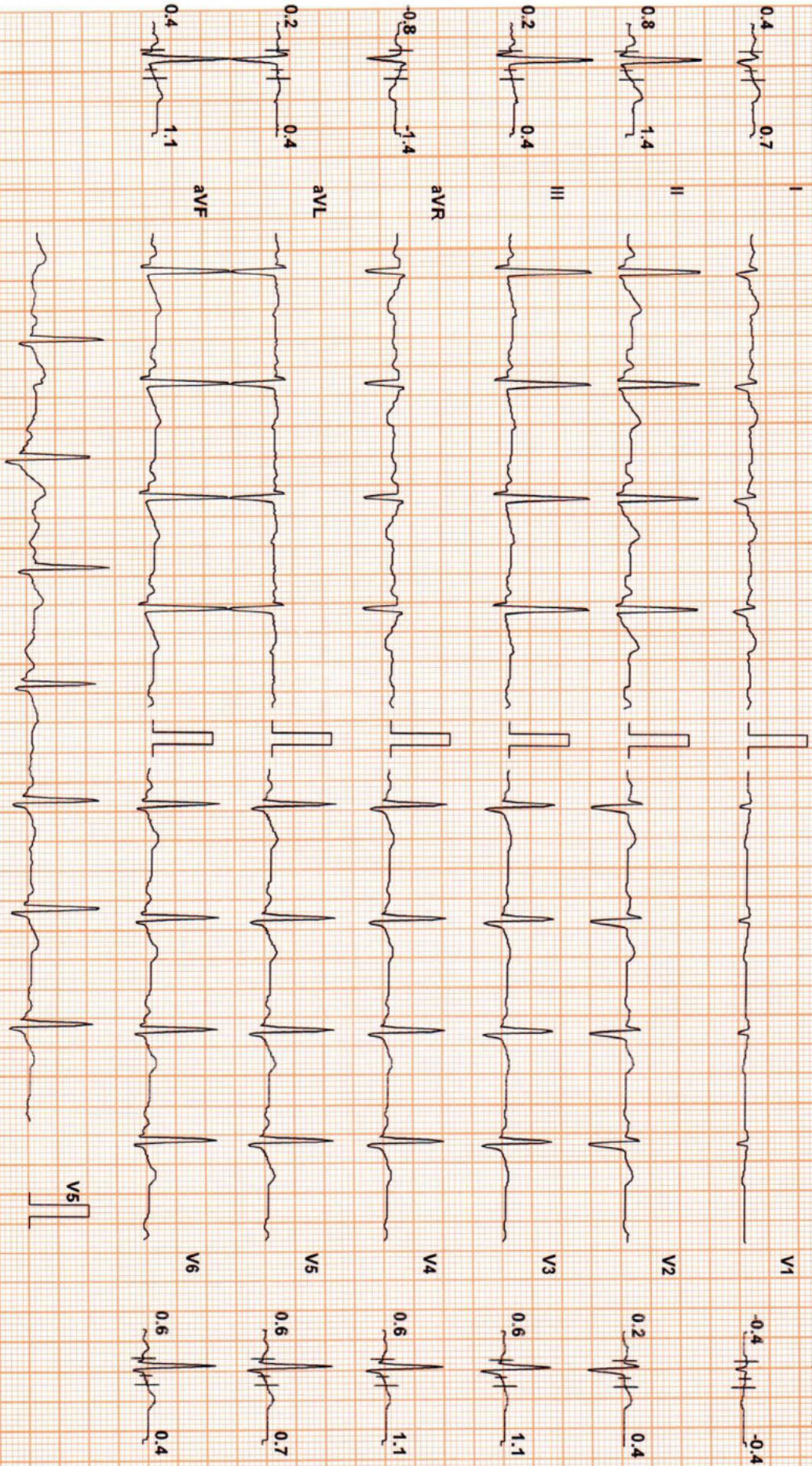


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pst J = J + 60 ms

Schiller Spandian V-4.7

Linked Median



MS. TATHULYA (29 F)

SUBURBAN DIAGNOSTICS

Test Report

ID: Z234420147

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 75 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 100 / 70

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

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

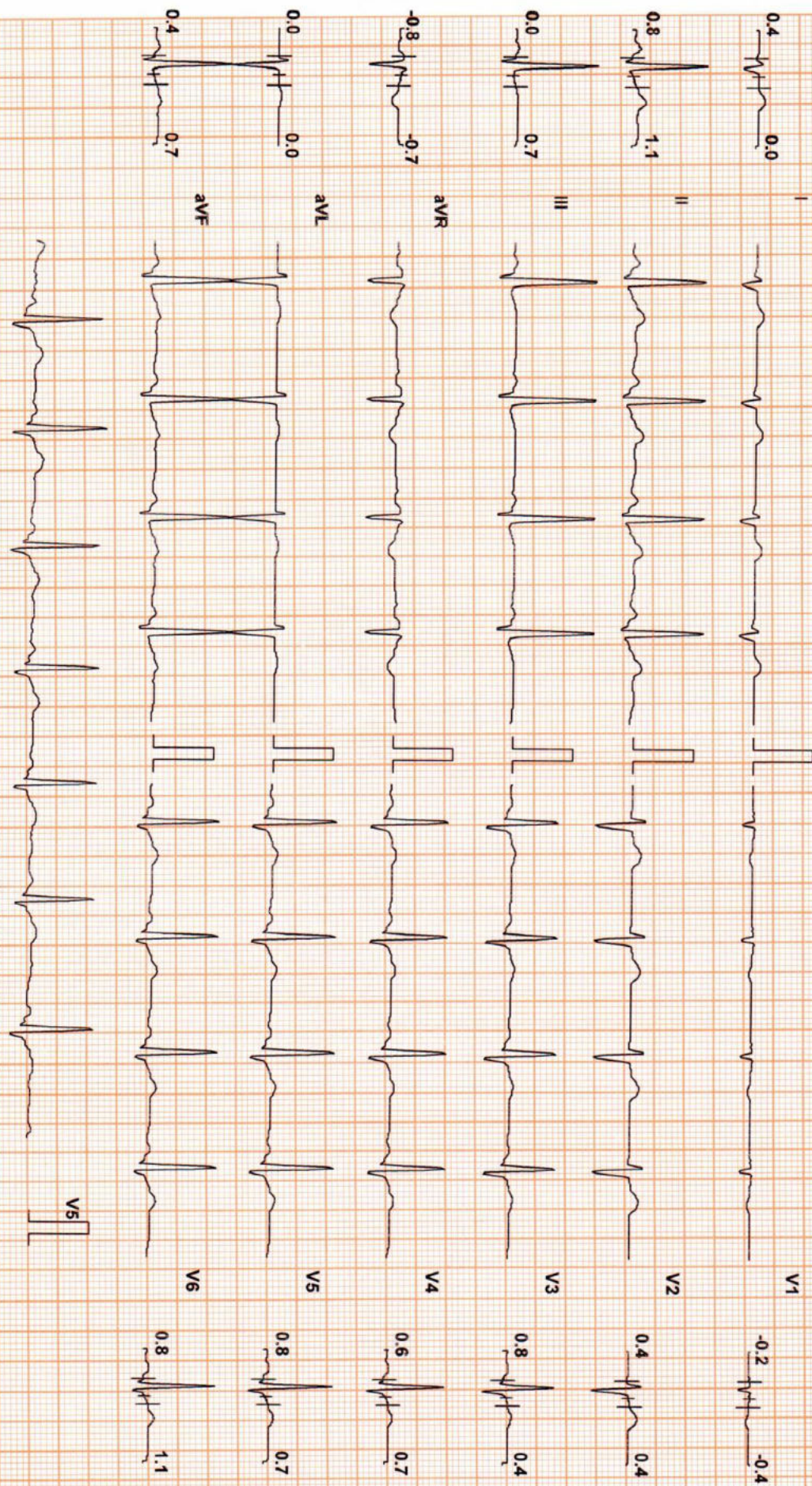


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Schiller Spandau V4.7

Linked Median

Protocol: Bruce

ID: 2234420147

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 67 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 100 / 70

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

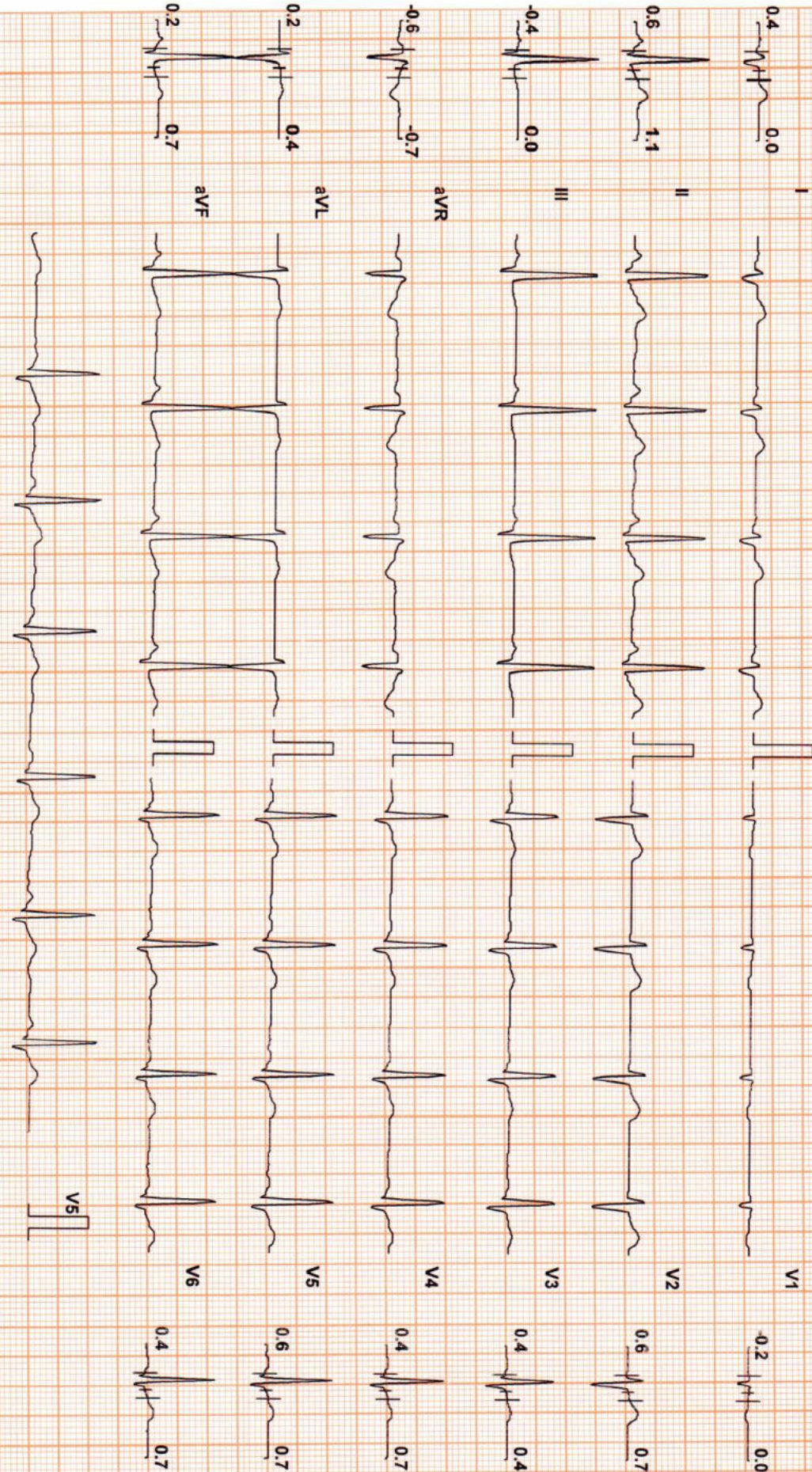


Chart Speed: 25 mm/sec
Schlier-Spenden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J + F + 60 ms

Post J = J + 80 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MS. T ATHULYA (29 F)

ID: 2234420147

Date: 10-Dec-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 113 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 162 bpm)

B.P: 110 / 70

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

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

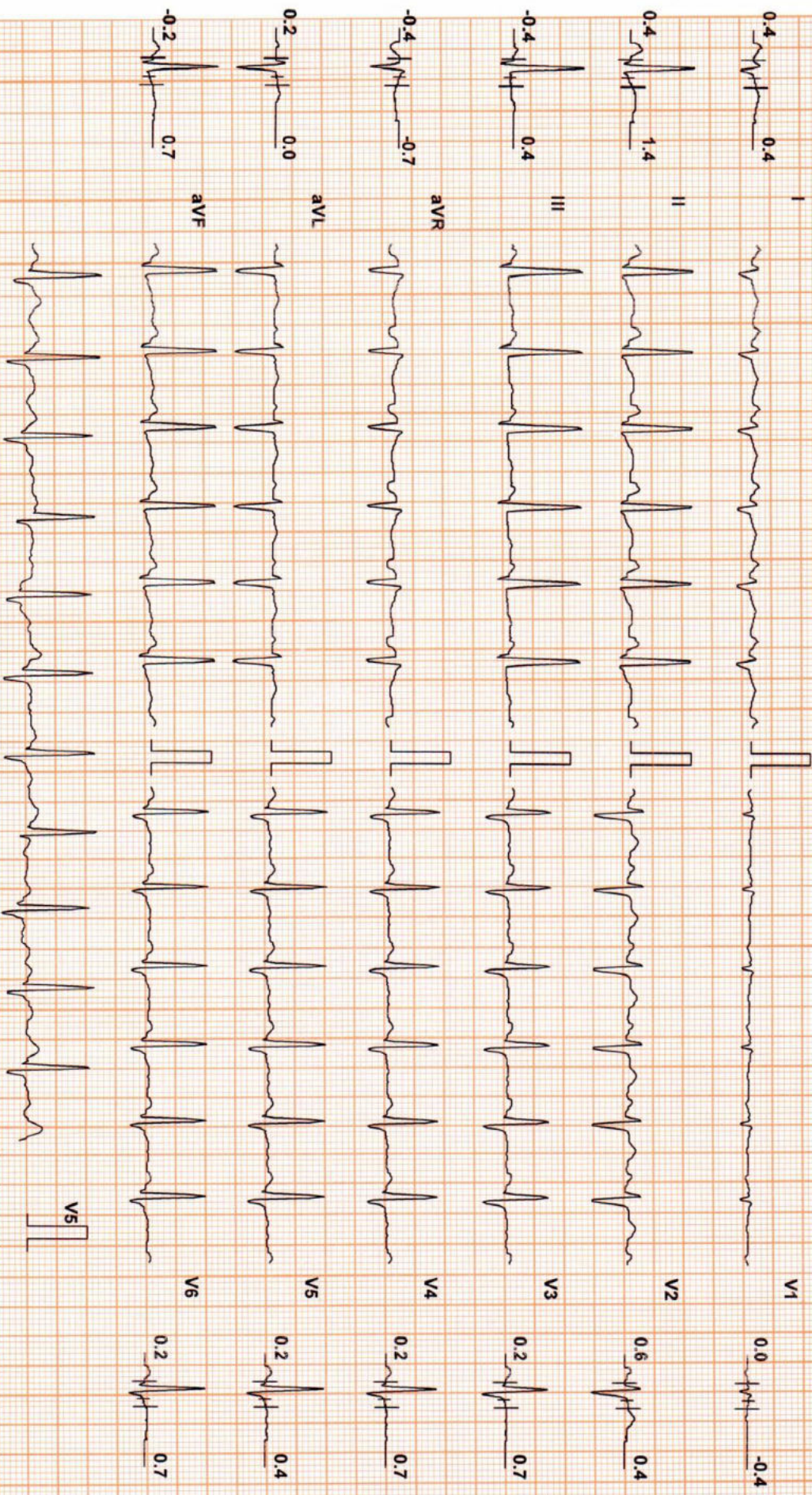


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MS. TATHULYA (29 F)

ID: 2234420147

Date: 10-Dec-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 127 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 162 bpm)

B.P: 120 / 70

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

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

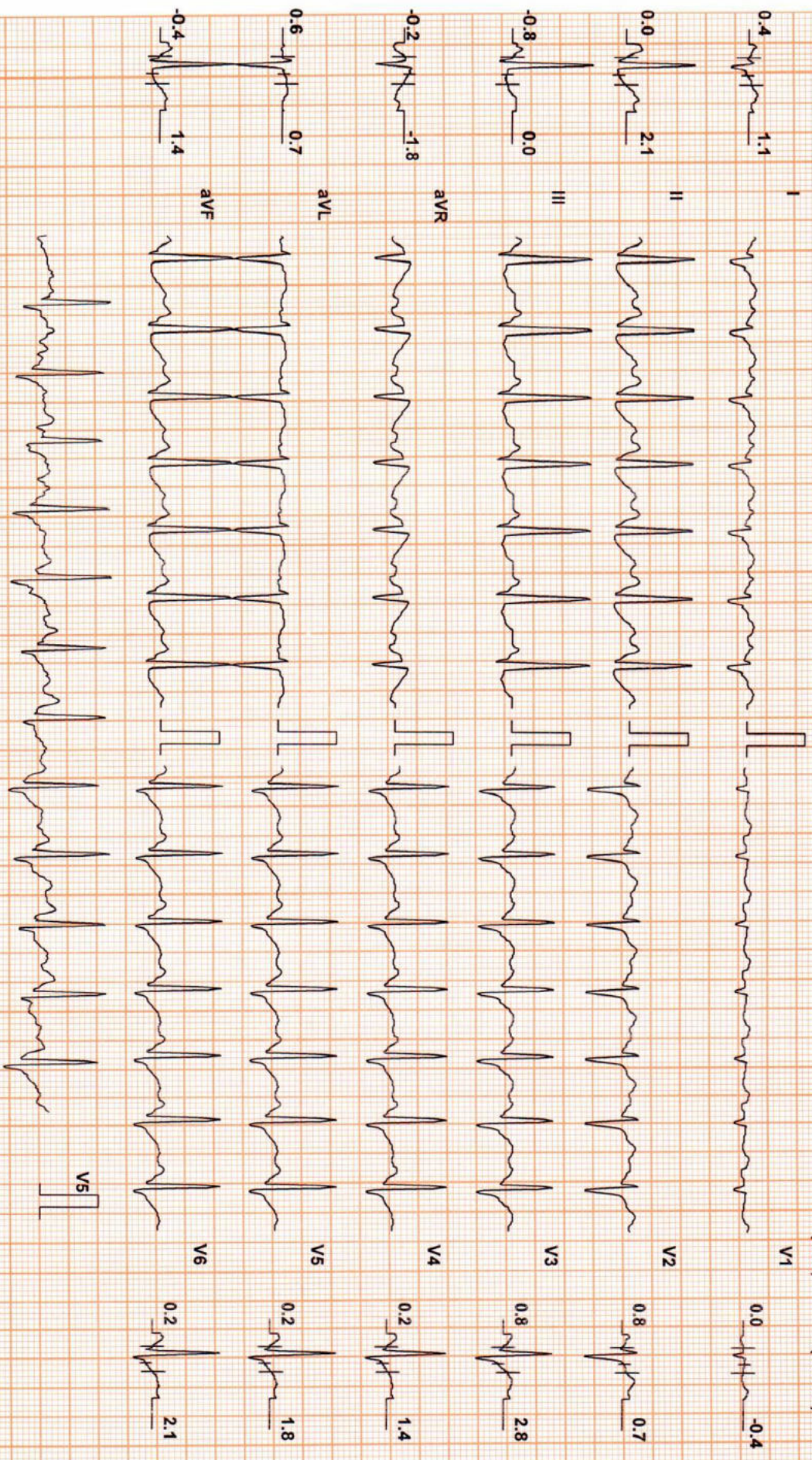


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Is6 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MS. TATHULYA (29 F)

ID: 2234420147

Date: 10-Dec-22

Exec Time : 8 m 45 s Stage Time : 2 m 45 s HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 140 / 70

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

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

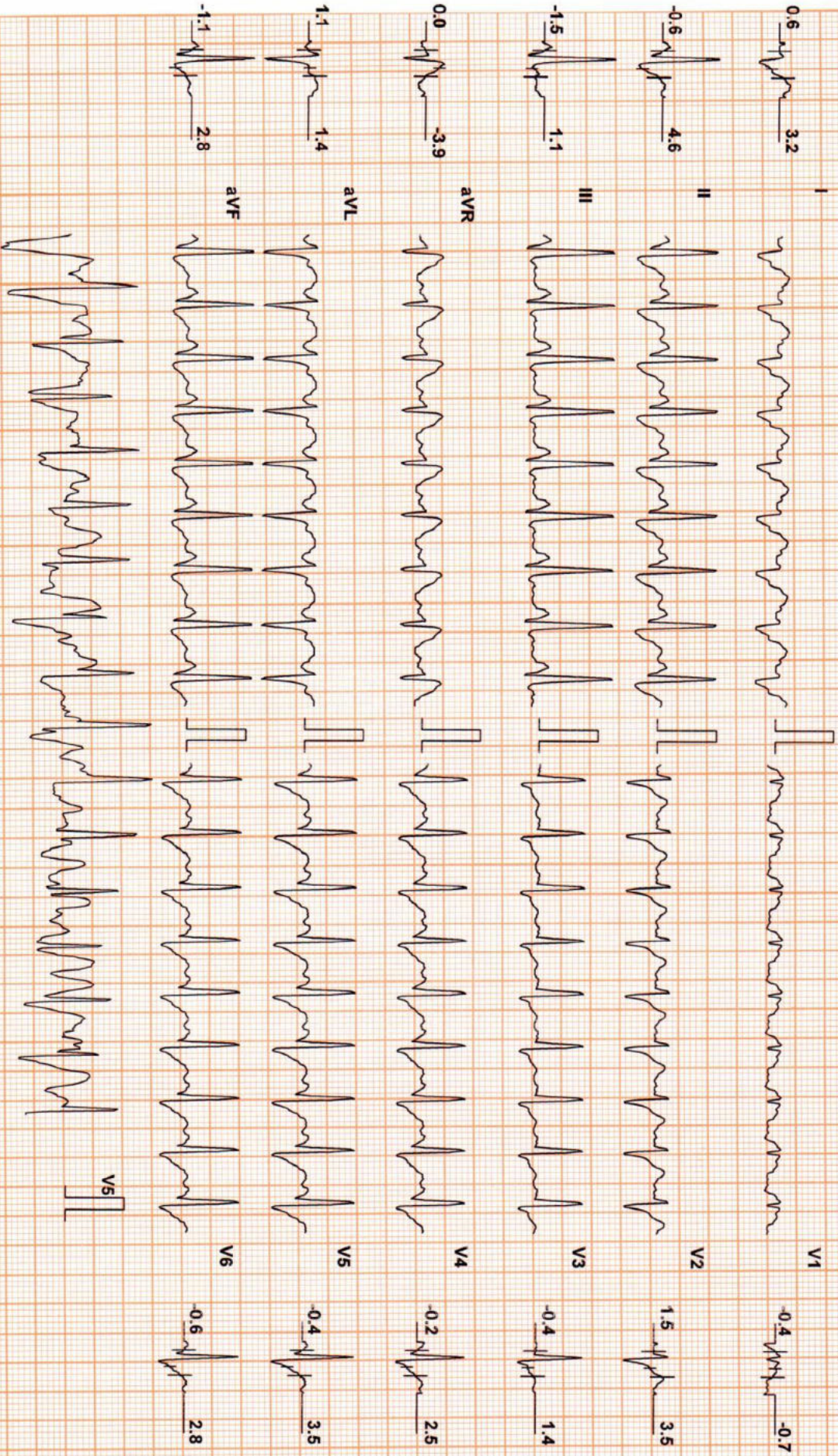


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J + R + 60 ms

Post J = J + 60 ms

Schlier Spanden V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MS. TATHULYA (29 F)

ID: 2234420147

Date: 10-Dec-22

Exec Time : 8 m 51 s

Stage Time : 0 m 54 s

HR: 148 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 162 bpm)

B.P: 120 / 70

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

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

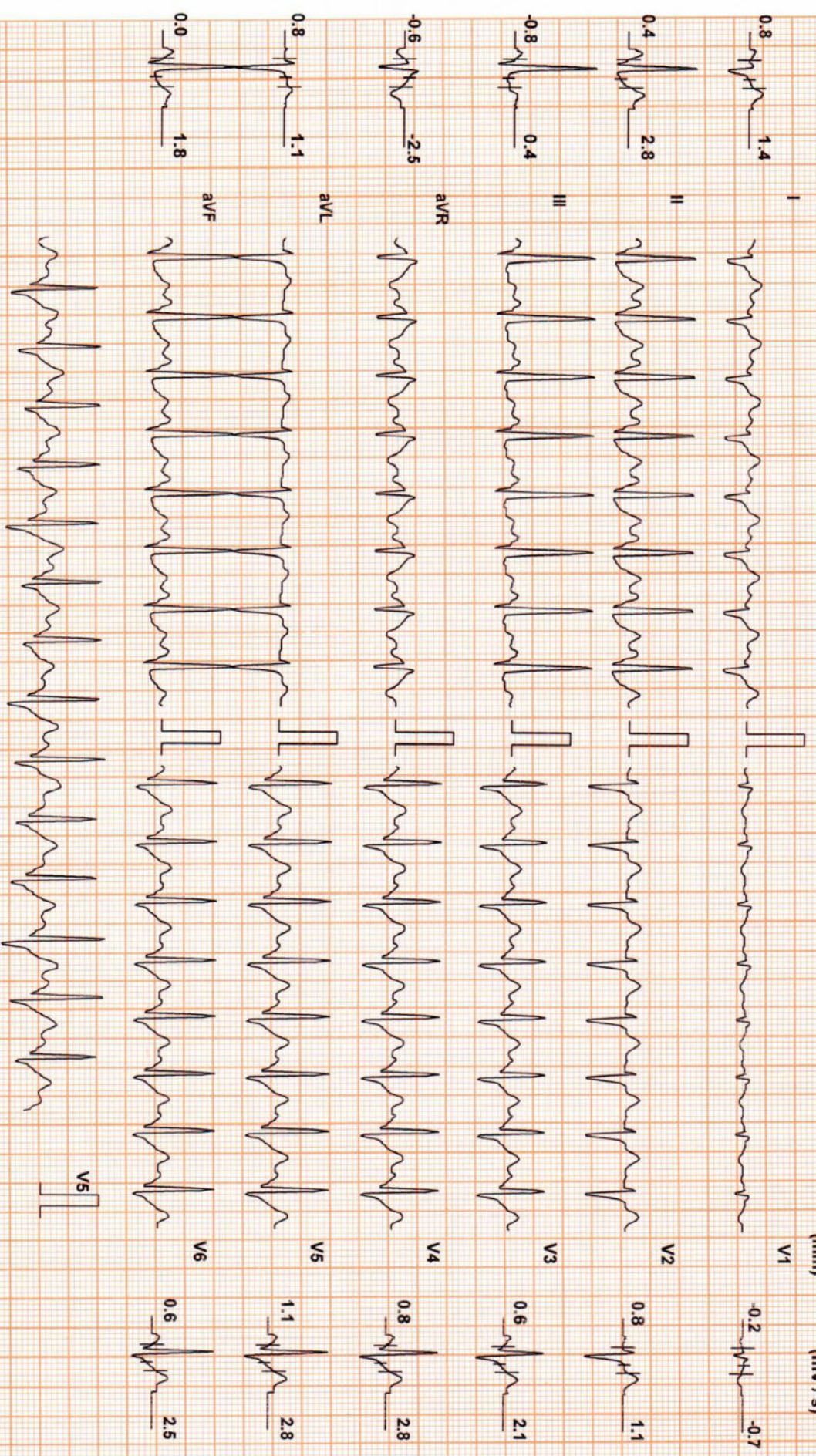


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandian V 4.7

Linked Median

MS. TATHULYA (29 F)

ID: Z234420147

Date: 10-Dec-22

Exec Time : 8 m 51 s

Stage Time : 0 m 54 s

HR: 136 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 110 / 70

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

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

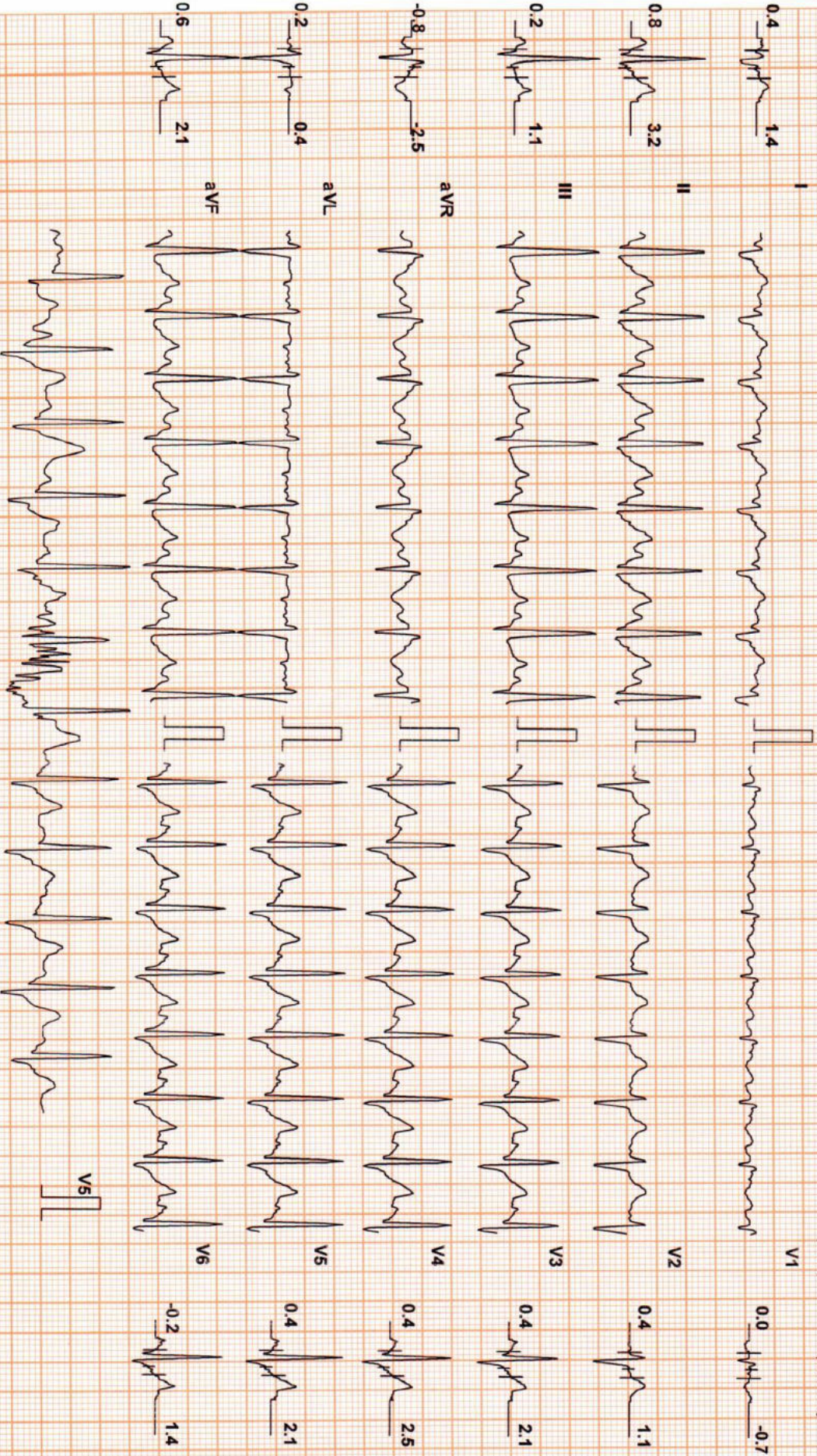


Chart Speed: 25 mm/sec
Schlier-Spenden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MS. TATHULYA (29 F)

ID: 2234420147

Date: 10-Dec-22 Exec Time : 8 m 51 s Stage Time : 0 m 25 s HR: 118 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 100 / 70

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

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

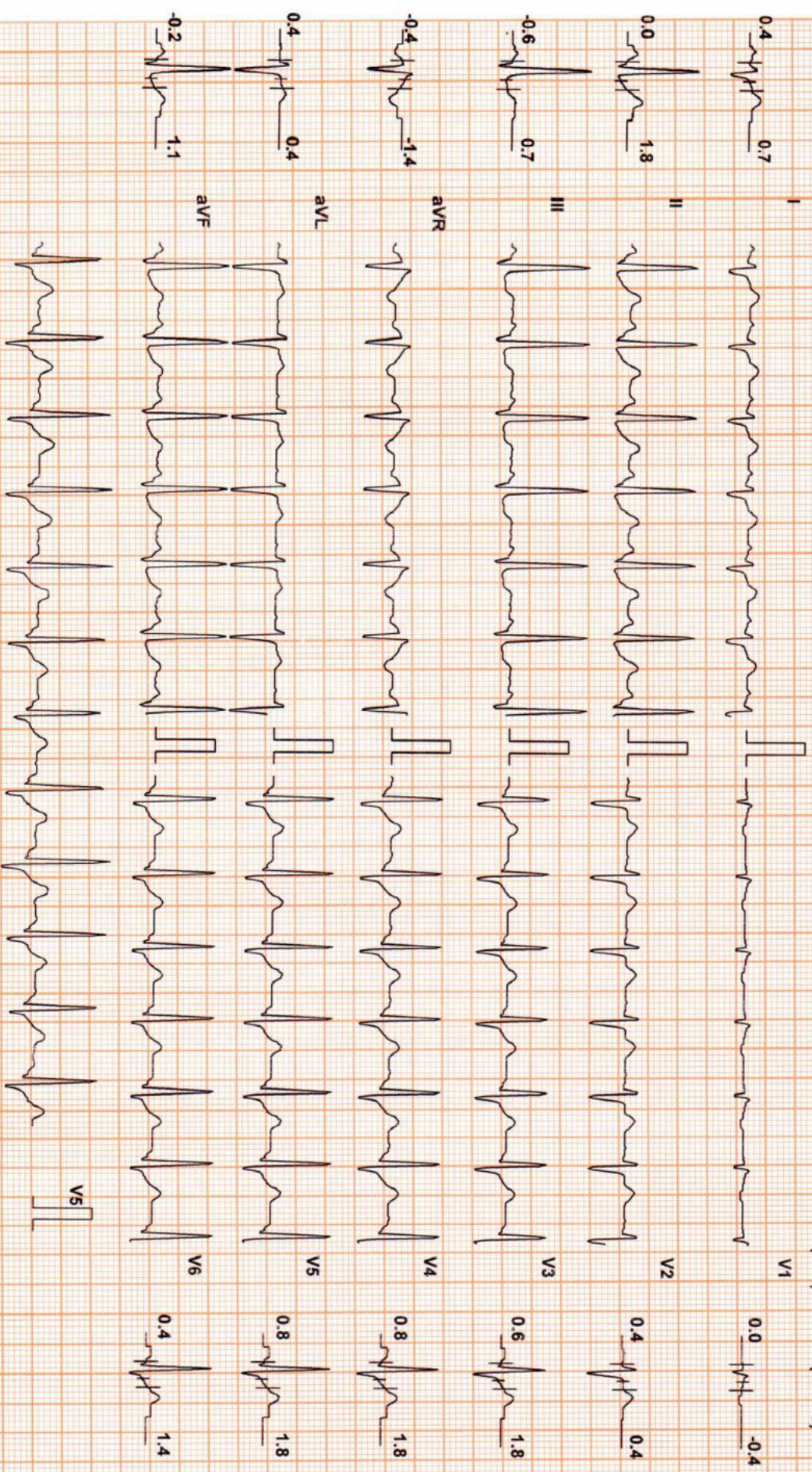


Chart Speed: 25 mm/sec
Schiller Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median