

Name : MS.JAIN SWATI

Age / Gender : 34 Years / Female

Consulting Dr. : -

Reg. Location: Kalina, Santacruz East (Main Centre)

Authenticity Check

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: 30-Mar-2023 / 08:52 : 30-Mar-2023 / 16:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

CBC (Complete Blood Count), Blood						
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>			
RBC PARAMETERS						
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric			
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance			
PCV	38.1	36-46 %	Calculated			
MCV	89.6	80-100 fl	Measured			
MCH	30.2	27-32 pg	Calculated			
MCHC	33.7	31.5-34.5 g/dL	Calculated			
RDW	14.3	11.6-14.0 %	Calculated			
WBC PARAMETERS						
WBC Total Count	7060	4000-10000 /cmm	Elect. Impedance			
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS					
Lymphocytes	22.2	20-40 %				
Absolute Lymphocytes	1567.3	1000-3000 /cmm	Calculated			
Monocytes	8.4	2-10 %				
		202 / 202 /				

WE DITTERENTAL AND ADDOCESTE GOOKIO								
Lymphocytes	22.2	20-40 %						
Absolute Lymphocytes	1567.3	1000-3000 /cmm	Calculated					
Monocytes	8.4	2-10 %						
Absolute Monocytes	593.0	200-1000 /cmm	Calculated					
Neutrophils	59.5	40-80 %						
Absolute Neutrophils	4200.7	2000-7000 /cmm	Calculated					
Eosinophils	9.6	1-6 %						
Absolute Eosinophils	677.8	20-500 /cmm	Calculated					
Basophils	0.3	0.1-2 %						
Absolute Basophils	21.2	20-100 /cmm	Calculated					
Immature Leukocytes	-							

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	14.9	11-18 %	Calculated

RBC MORPHOLOGY



CID : 2308912725

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Consulting Dr. Collected :30-Mar-2023 / 08:52 Reported :30-Mar-2023 / 15:52 : Kalina, Santacruz East (Main Centre) Reg. Location

Hypochromia

Microcytosis

Macrocytosis

Anisocytosis

Poikilocytosis Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 19 2-20 mm at 1 hr. Sedimentation

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







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

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CID : 2308912725 Name : MS.JAIN SWATI

Age / Gender : 34 Years / Female

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: 30-Mar-2023 / 08:52

Reported :30-Mar-2023 / 16:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	12.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic



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:30-Mar-2023 / 20:28

eGFR, Serum 109 >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 4.0 2.4-5.7 mg/dl

Collected

Reported

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

5.1

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Collected

Reported

HPLC

Estimated Average Glucose (eAG), EDTA WB - CC

99.7

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 ***







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

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:30-Mar-2023 / 08:52

:30-Mar-2023 / 15:05

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANC	<u>SE METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	<u>on</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 SDRL, Vidyavihar Lab
*** End Of Report ***







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

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Name : MS.JAIN SWATI

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

PARAMETER RESULTS

ABO GROUP 0

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.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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







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

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CID : 2308912725 Name : MS.JAIN SWATI

Age / Gender : 34 Years / Female

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: 30-Mar-2023 / 08:52 : 30-Mar-2023 / 16:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	157.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	67.0	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	55.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	
NON HDL CHOLESTEROL, Serum	102.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	, ,		Calculated
VLDL CHOLESTEROL, Serum	13.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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





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

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Name : MS.JAIN SWATI

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:30-Mar-2023 / 08:52

:30-Mar-2023 / 08.32

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	2.45	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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Reg. Location: Kalina, Santacruz East (Main Centre) Reported: 30-Mar-2023 / 15:40

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 microlU/ml should be correlated clinically or repeat the test with new sample as physiological factors
 - can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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.ANUPA DIXIT M.D.(PATH)

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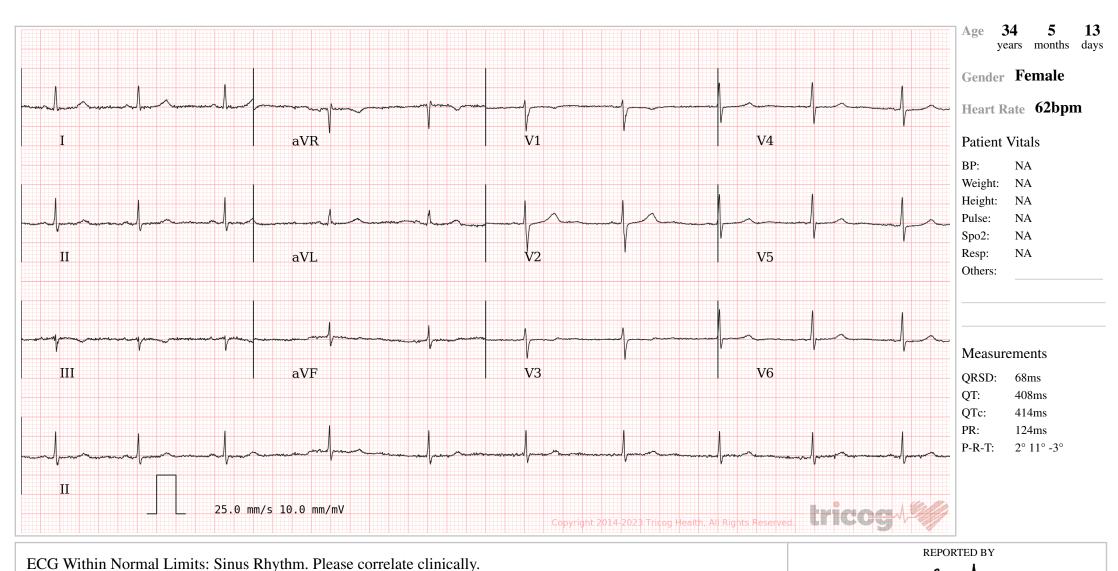
M.D.(PATH)
Consultant Pathologist & Lab Director

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SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: JAIN SWATI Patient ID: 2308912725 Date and Time: 30th Mar 23 9:22 AM



Sut 1

Dr Naveed Sheikh PGDCC 2016/11/4694

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.



Name : Mrs JAIN SWATI
Age / Sex : 34 Years/Female

Ref. Dr : **Reg. Date** : 30-Mar-2023

Reg. Location : Kalina, Santacruz East Main Centre Reported : 30-Mar-2023/09:52



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USG OF WHOLE ABDOMEN

<u>Clinical profile</u>: for routine checkup. Patient denies any health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach only.

Liver:

Liver is normal in size (14.6 cm) and echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber.

Portal vein is normal in caliber and measures 12.4 mm.

Gallbladder:

Gallbladder is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

CBD is normal in caliber (5.4 mm).

Spleen:

Spleen is normal in size (8.8 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 10.3 x 3.7 cm. Left Kidney measures: 10.5 x 4.0 cm.

Corticomedullary differentiation appears preserved.

No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

Urinary bladder:

Urinary bladder is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

Uterus:

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033008480559



: 2308912725 CID

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Reg. Location : Kalina, Santacruz East Main Centre Reported : 30-Mar-2023/09:52

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Uterus is anteverted, normal in size and echotexture. It measures 7.6 x 4.5 x 3.5 cm (Volume ~63.9 cc). No evidence of focal mass lesion is seen within it. **Endometrium** shows normal appearance and thickness measures 5.3 mm.

Both ovaries:

Both **ovaries** are normal in size and echotexture.

Right ovary measures: 2.8 x 1.2 cm. Left ovary measures: 3.5 x 1.5 cm.

There is no evidence of pelvic or adnexal mass seen.

There is no free fluid in pouch of Douglas.

IMPRESSION

No significant abnormality detected in abdomen and pelvis.

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

Dr Vaseem Anjum Ansari Radiologist (MBBS, DMRD) Reg No. 2003/06/2275

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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Reg. Date Ref. Dr : 30-Mar-2023

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Reg. Location : Kalina, Santacruz East Main Centre Reported : 30-Mar-2023/13:05

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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-	
	< <signature>></signature>



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: 30-Mar-2023/13:05 Reg. Location : Kalina, Santacruz East Main Centre Reported



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Suburban Diagnostics Kalina

Time: 11:00:26 AM

Patient Details Date: 30-Mar-23

Name: MS. SWATI JAIN ID: 2308912725

Age: 34 y Sex: F Height: 155 cms Weight: 62 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

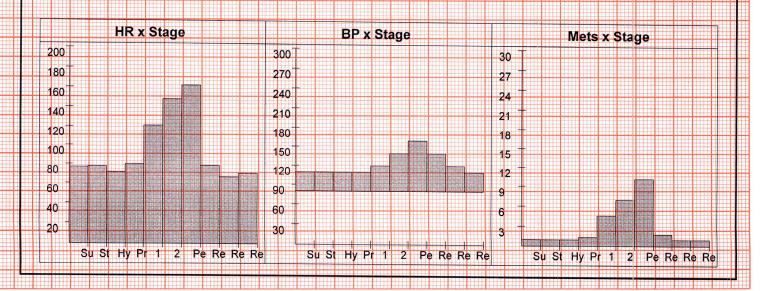
Protocol: Bruce Pr.MHR: 186 bpm THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 53 s Max. HR: 162 (87% of Pr.MHR)bpm Max. Mets: 10.20

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate	(mm/Hg)	Level	Slope
					(bpm)		(mm)	(mV/s)
Supine	0:16	1.0	0	0	77	110 / 80	-0.211	0.35 I
Standing	0:7	1.0	0	0	78	110 / 80	-0.211	1.06 III
Hyperventilation	0:7	1.0	0	0	72	110 / 80	-0.42 aVR	1.06
1	3:0	4.6	1.7	10	121	120 / 80	-1.91 III	2.48 1
2	3:0	7.0	2.5	12	148	140 / 80	-1.70 III	2.83
Peak Ex	0:53	10.2	3.4	14	162	160 / 80	-2.55 V6	3.18
Recovery(1)	2:0	1.8	1	0	79	140 / 80	-1.49 II	3.18
Recovery(2)	2:0	1.0	0	0	67	120 / 80	-0.421	1.42
Recovery(3)	1:9	1.0	0	0	71	110 / 80	-0.42 I	1.06
		-						



Suburban Diagnostics Kalina

Time:

Patient Details Date: 30-Mar-23

Name: MS. SWATI JAIN ID: 2308912725

Age: 34 y Sex: F

Height: 155 cms Weight: 62 Kgs

11:00:26 AM

Interpretation

AVERAGE EFFORT TOLEREANCE NORMAL HEART RATE RESPONSE NORMAL BLOOD PRESSURE RESPONSE NO ANGINA/ANGINA EQUIVALENTS NO ARRTHYMIAS

NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG

IMPRESSION: STRESS TEST IS NEGATIVE FOR 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

Suburban Diagnostics (I) Pvt. Ltd.
Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

Ref. Doctor:

Doctor: NAVEED SHEIKH

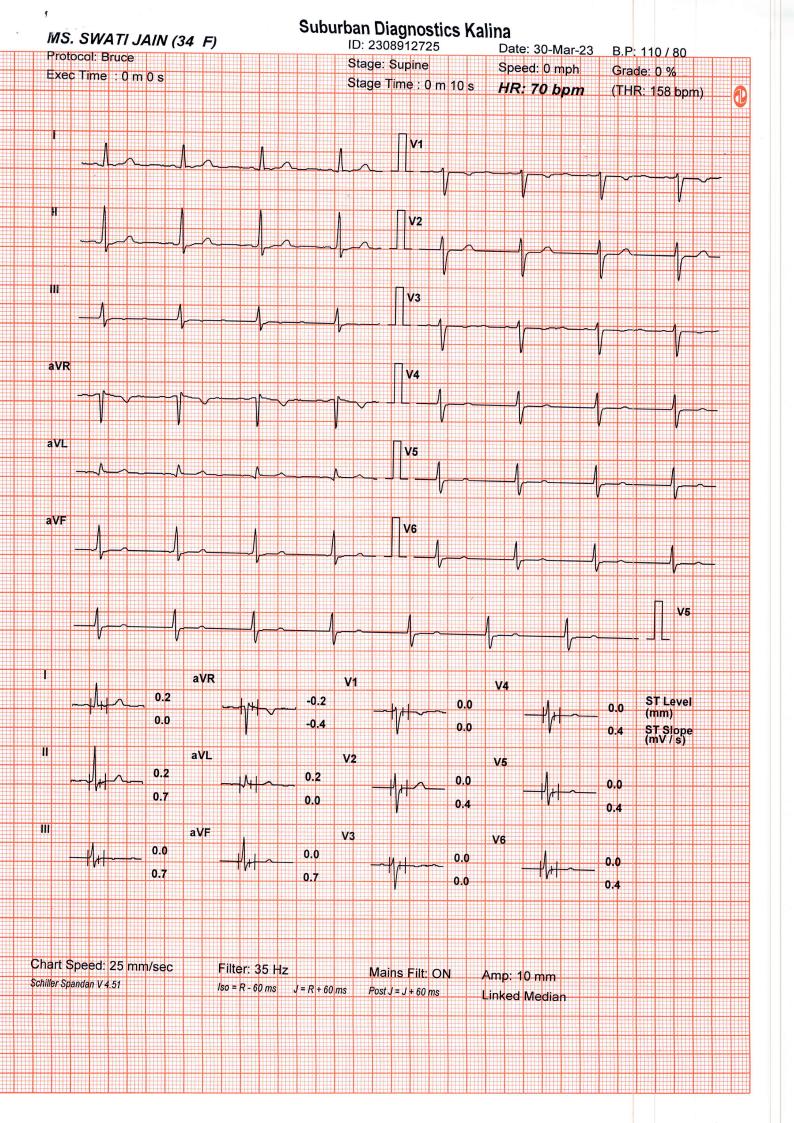
DR. SHEIKH NAVEED

Clinical Cardiologist Reg. No. 2016/11/4694

MBBS/PGDCC

(Summary Report edited by user)

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Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time : 0 m 1 s HR: 70 bpm (THR: 158 bpm) V1 8 8 V2 Ш V3 aVR V4 aVL V5 aVF V6 V5 aVR V1 ٧4 ST Level 0.4 -0.4 0.0 -0.2 (mm) 0.4 -0.4 ST Slope (mV / s) 0.0 0.4 11 aVL V2 V5 0.2 0.0 0.2 0.0 0.4 0.0 0.7 0.4 111 aVF **V3** V6 0.0 -0.2 0.0 0.2 0.4 0.4 0.0 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina
ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time : 0 m 1 s HR: 80 bpm (THR: 158 bpm) V2 Ш **V**3 aVR V4 aVL **V**5 aVF V6 V5 aVR V1 ٧4 0.2 ST Level (mm) -0.2 0.0 0.0 0.4 -0.4 0.0 ST Slope (mV / s) 0.0 П aVL V2 ٧5 0.2 0.2 0.0 0.0 0.4 0.0 0.0 0.0 Ш aVF V3 V6 0.0 0.2 0.0 0.0 0.0 0.4 0.0 0.0 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina MS. SWATI JAIN (34 F) ID: 2308912725 Date: 30-Mar-23 B.P: 120 / 80 Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % Exec Time : 2 m 54 s Stage Time: 2 m 54 s HR: 122 bpm (THR: 158 bpm) aVR aVL aVR V4 ST Level (mm) 0.0 0.0 0.6 -0.2 0.0 -0.7 0.4 ST Slope (mV / s) 0.7 aVL V2 **V**5 -0.6 0.4 0.2 -0.4 1.1 0.0 0.7 Ш aVF **V**3 V6 -0.6 -0.6 -0.4 0.4 0.4 0.7 0.0 0.7 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 140 / 80 Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % Exec Time : 5 m 54 s Stage Time: 2 m 54 s HR: 149 bpm (THR: 158 bpm) Ш aVR aVL aVF aVR V1 ٧4 ST Level (mm) 8.0 -0.2 -0.6 0.4 -1.1 0.0 ST Slope (mV/s) ı aVL V2 **V**5 -0.6 1.1 -0.6 -0.4 1.8 -0.7 1.4 Ш aVF **V**3 V6 -1.5 -1.1 -0.8 0.2 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P 160 / 80 Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % Exec Time : 6 m 47 s Stage Time : 0 m 47 s HR: 162 bpm (THR: 158 bpm) 11 Ш **V**3 aVR aVL **V**5 aVF aVR V1 ٧4 ST Level (mm) 1.1 -0.2 -0.4 -0.8 -0.4 -1.1 0.0 ST Slope (mV / s) 1.1 11 aVL V2 V5 -0.4 1.5 -0.6 -0.8 2.5 -1.1 0.7 1.8 111 aVF V3 V6 -1.7 -0.8 -0.8 -0.4 2.8 2.8 0.7 2.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 140 / 80 Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % Exec Time : 6 m 53 s Stage Time : 1 m 54 s HR: 80 bpm (THR: 158 bpm) V1 1 V2 Ш aVR aVL aVF aVR V1 ٧4 ST Level (mm) -0.2 0.2 0.0 0.7 ST Slope (mV / s) -0.7 0.0 0.7 Ħ aVL V2 ٧5 -0.2 0.0 0.0 0.0 1.1 0.0 0.7 Ш aVF **V**3 V6 0.0 -0.2 0.0 -0.2 0.7 0.0 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 120 / 80 Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % Exec Time : 6 m 53 s Stage Time: 1 m 54 s HR: 67 bpm (THR: 158 bpm) 11 V2 Ш V3 aVR V4 aVL V5 aVF V6 V5 aVR **V**1 ٧4 ST Level (mm) 0.2 -0.2 0.0 -0.4 0.7 -0.7 ST Slope (mV / s) 0.0 0.0 H aVL V2 V5 -0.2 0.0 0.0 -0.2 0.7 0.0 0.4 0.4 Ш aVF ٧3 V6 -0.2 0.0 0.0 0.0 0.0 0.4 0.0 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2308912725 Da MS. SWATI JAIN (34 F) Date: 30-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % Exec Time : 6 m 53 s Stage Time: 1 m 3 s HR: 77 bpm (THR: 158 bpm) V2 Ш **V**3 aVR **V**4 aVL V5 aVF V6 aVR V1 ٧4 ST Level (mm) 0.0 -0.2 0.0 0.0 0.4 -0.7 ST Slope (mV / s) 0.0 0.7 H aVL V2 V5 0.0 0.0 0.0 -0.2 0.7 0.0 0.4 0.4 Ш aVF ٧3 V6 0.0 0.0 0.0 0.0 0.4 0.4 0.0 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median