



भारतीय विशिष्ट ओळखे प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

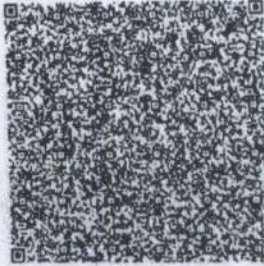
नोंदविण्याचा क्रमांक / Enrollment No.: 2006/22003/26644

To,
कोमल शिवाजीराव सुरवसे
Komal Shivajirao Surwase
W/O Shivajirao Surwase
At Pimpala Post palodi
Tq Manavat
Pimpala
Palodi Manwath Parbhani
Maharashtra 431505
9623159675

Ref: 896 / 23M / 67237 / 67258 / P



SB857030324FH



आपला आधार क्रमांक / Your Aadhaar No. :

7291 1025 8522

माझे आधार, माझी ओळख



भारत सरकार

Government of India



कोमल शिवाजीराव सुरवसे
Komal Shivajirao Surwase
जन्म तारीख / DOB : 10/10/1993
स्त्री / Female

(Handwritten signature)



7291 1025 8522

माझे आधार, माझी ओळख

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

CID# : 2222105416
Name : MRS.KOMAL SURWASE
Age / Gender : 28 Years/Female
Consulting Dr. :-
Reg.Location : Borivali West (Main Centre)

Collected : 09-Aug-2022 / 09:16
Reported : 09-Aug-2022 / 13:16

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 149 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/70 mmhg
Pulse: 78/min

Weight (kg): 44 kg
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

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

IMPRESSION: ECG

ADVICE: 2D Echo.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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- | | |
|--|----|
| 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 | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

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

*** End Of Report ***



Dr.NITIN SONAVANE
 PHYSICIAN

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714

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Age / Gender : 28 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 09-Aug-2022 / 09:19
Reported : 09-Aug-2022 / 12:01

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	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.68	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.6	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6310	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.5	20-40 %	
Absolute Lymphocytes	1672.2	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	574.2	200-1000 /cmm	Calculated
Neutrophils	62.6	40-80 %	
Absolute Neutrophils	3950.1	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	107.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.3	20-100 /cmm	Calculated
immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	202000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated



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PDW	20.2	11-18 %	Calculated
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 5 2-20 mm at 1 hr. Westergren

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



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 09-Aug-2022 / 09:19
Reported : 09-Aug-2022 / 11:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated



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CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	124	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Anupa

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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 09-Aug-2022 / 13:33

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Anupa Dixit
Dr.ANUPA DIXIT
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.8	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	52.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	95.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	84.0	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	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

CID : 2222105416
Name : MRS.KOMAL SURWASE
Age / Gender : 28 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)



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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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	3.03	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

Authenticity Check



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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)

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*** End Of Report ***



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

Date:- 09/08/2022

CID: 2222/054 16

Name:- Komal Surwase

Sex / Age: 1 F/28

EYE CHECK UP

Chief complaints: nil

Systemic Diseases: nil

Past history: nil

Unaided Vision: (RT) (LT)

Aided Vision: 6/9/M6 6/9/M6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal ~~X~~

Remark: Normal

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Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 09-Aug-2022
Reported : 09-Aug-2022 / 17:43

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 Rohit before dispatch.

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

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• PATIENT NAME : MRS. KOMAL SURWASE	• SEX : MALE
• REFERRED DR : -----	• AGE : 28 YEARS
• CID NO : 2222105416	• DATE : 09.08.2022

USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appears normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 9.0 x 4.0 cm. Left kidney measures 9.4 x 4.1 cm.

SPLEEN:

It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

UTERUS & OVARIES:

It is anteverted and appears normal in size and echotexture. It measures **7.2 x 4.4 x 2.7 cms** in size. No focal lesion is seen. Endometrial thickness is **5.6 mm**. No evidence of abnormal endometrial vascularity is seen. Both ovaries appears normal in size and echotexture.

Right ovary measures 3.4 x 1.8 cm. Left ovary measures 3.2 x 1.6 cm.

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

No evidence of free fluid in pouch of douglas.

No evidence of significant abdominal lymphadenopathy seen. No evidence of free fluid in abdomen and pelvis.

IMPRESSION:

No significant abnormality seen.

Advice – clinico-pathological correlation

DR. MAHESH S KADAM
CONSULTANT RADIOLOGIST
MMC REG NO -2011/08/2693

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 case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

*** End Of Report ***

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

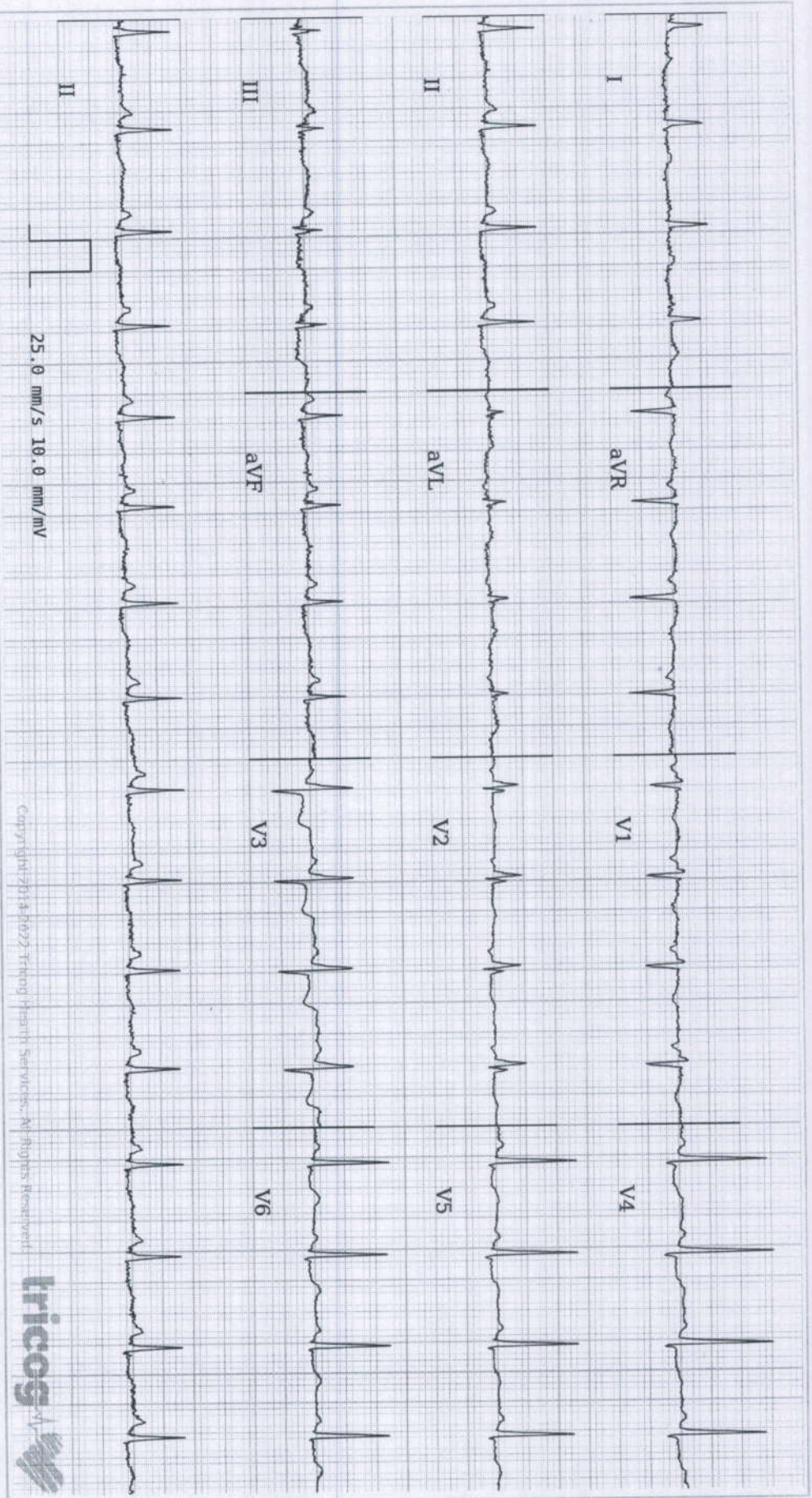
For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: **KOMAL SURWASE**
Patient ID: **2222105416**

Date and Time: **9th Aug 22 9:52 AM**



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Age **28** **9** **30**
years months days

Gender **Female**

Heart Rate **98bpm**

Patient Vitals

BP: **110/70 mmHg**
Weight: **44 kg**
Height: **149 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others: **NA**

Measurements

QRSD: **74ms**
QT: **332ms**
QTc: **423ms**
PR: **120ms**
P-R-T: **79° 50° 10°**

REPORTED BY

[Signature]

Dr. Nitin Sonavane
M.B.B.S. AFM, D.DIABD, CARD
Consultant Cardiologist
87714

Sinus Rhythm, Normal Axis, Nonspecific ST and T wave Abnormality. Please correlate clinically.

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

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 PVT. LTD.

Patient Details Date: 09-Aug-22 Time: 10:03:20
Name: MRS KOMAL SURWASE ID: 2222105416
Age: 28 y Sex: F Height: 149 cms Weight: 44 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 172 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 2 s **Max. HR:** 165 (86% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 170 / 70 mmHg **Max. BP x HR:** 28050 mmHg/min **Min. BP x HR:** 6370 mmHg/min
Test Termination Criteria: TEST COMPLET

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 : 57	1.0	0	0	91	110 / 70	-5.94 aVL	-2.83 III
Standing	0 : 14	1.0	0	0	109	110 / 70	-0.64 I	0.35 I
Hyperventilation	0 : 9	1.0	0	0	121	110 / 70	-0.85 V2	0.35 aVF
1	3 : 0	4.6	1.7	10	120	110 / 70	-1.27 II	1.42 II
2	3 : 0	7.0	2.5	12	140	120 / 70	-1.27 II	1.06 I
3	3 : 0	10.2	3.4	14	165	170 / 70	-2.12 V3	2.12 V6
Peak Ex	0 : 2	13.5	4.2	16	165	170 / 70	-1.91 V3	-0.71 V3
Recovery(1)	1 : 0	1.8	1	0	134	170 / 70	-3.82 V4	-3.54 V1
Recovery(2)	1 : 0	1.0	0	0	113	150 / 70	-0.64 aVF	1.42 II
Recovery(3)	1 : 0	1.0	0	0	112	150 / 70	-1.06 V4	0.71 I
Recovery(4)	1 : 0	1.0	0	0	110	120 / 70	-0.85 V4	0.35 I
Recovery(5)	0 : 3	1.0	0	0	109	120 / 70	-0.64 II	-0.35 aVL

Interpretation

The patient exercised according to the Bruce protocol for 9 m 2 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 91 bpm, rose to a max. heart rate of 165 (86% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 170 / 70 mmHg. GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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

Ref. Doctor: ARCOFEMI

(Summary Report edited by us) **Suburban Diagnostics (I) Pvt. Ltd.**

301 & 302, 3rd Floor, Vini Elegance,
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 Borivali (West), Mumbai - 400 092.

Doctor: DR NITIN SONAVANE

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 57 s **HR: 91 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 110/70

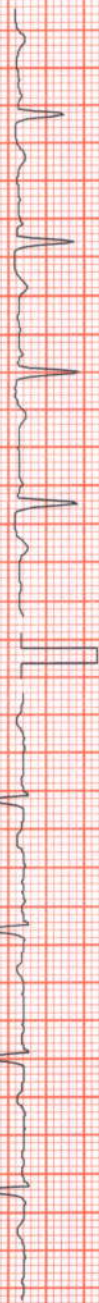
ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

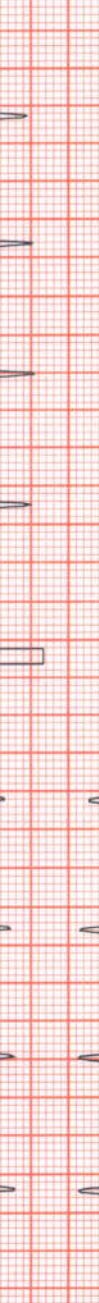
ST Slope (mV/s)

-0.2 0.0



0.0 0.0

-0.2 0.0



0.0 0.4

0.0 0.0



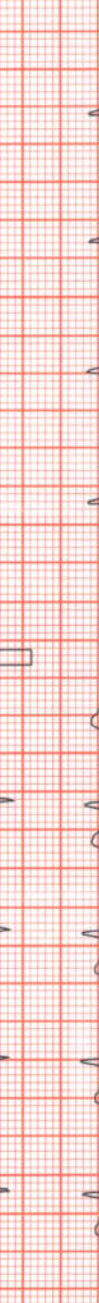
0.0 0.0

0.0 0.0



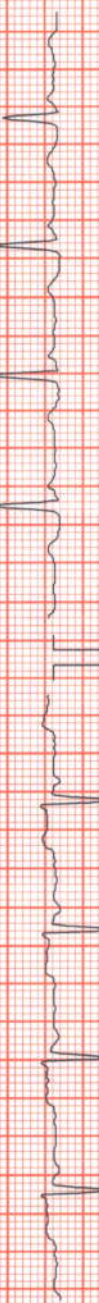
0.0 0.0

0.2 -0.4



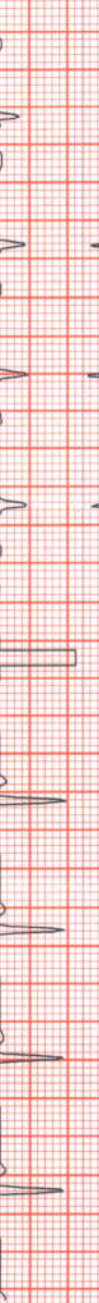
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0.0 0.0



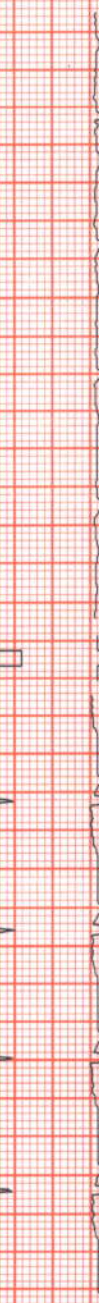
0.0 0.4

0.0 0.0



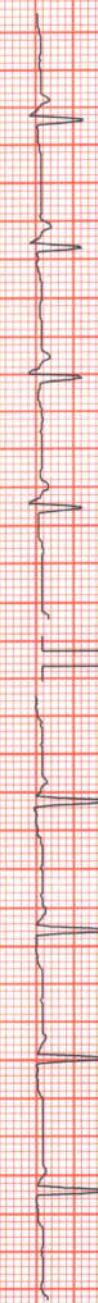
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0.0 0.0



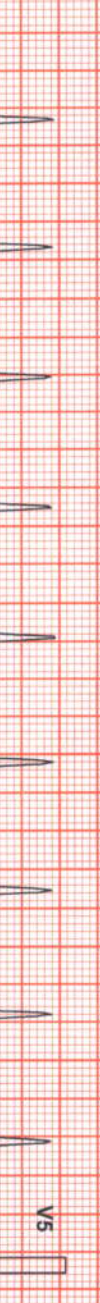
0.0 0.4

0.0 0.0



0.0 0.0

0.0 0.0



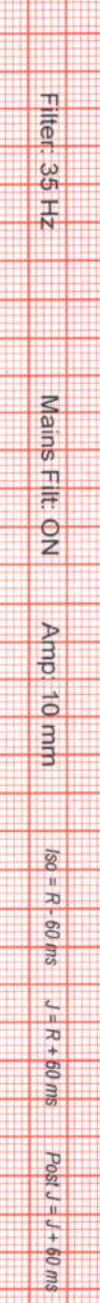
0.0 0.0

0.0 0.0



0.0 0.4

0.0 0.0



0.0 0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.32



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222109416

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s **HR: 109 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P.: 110/70

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

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

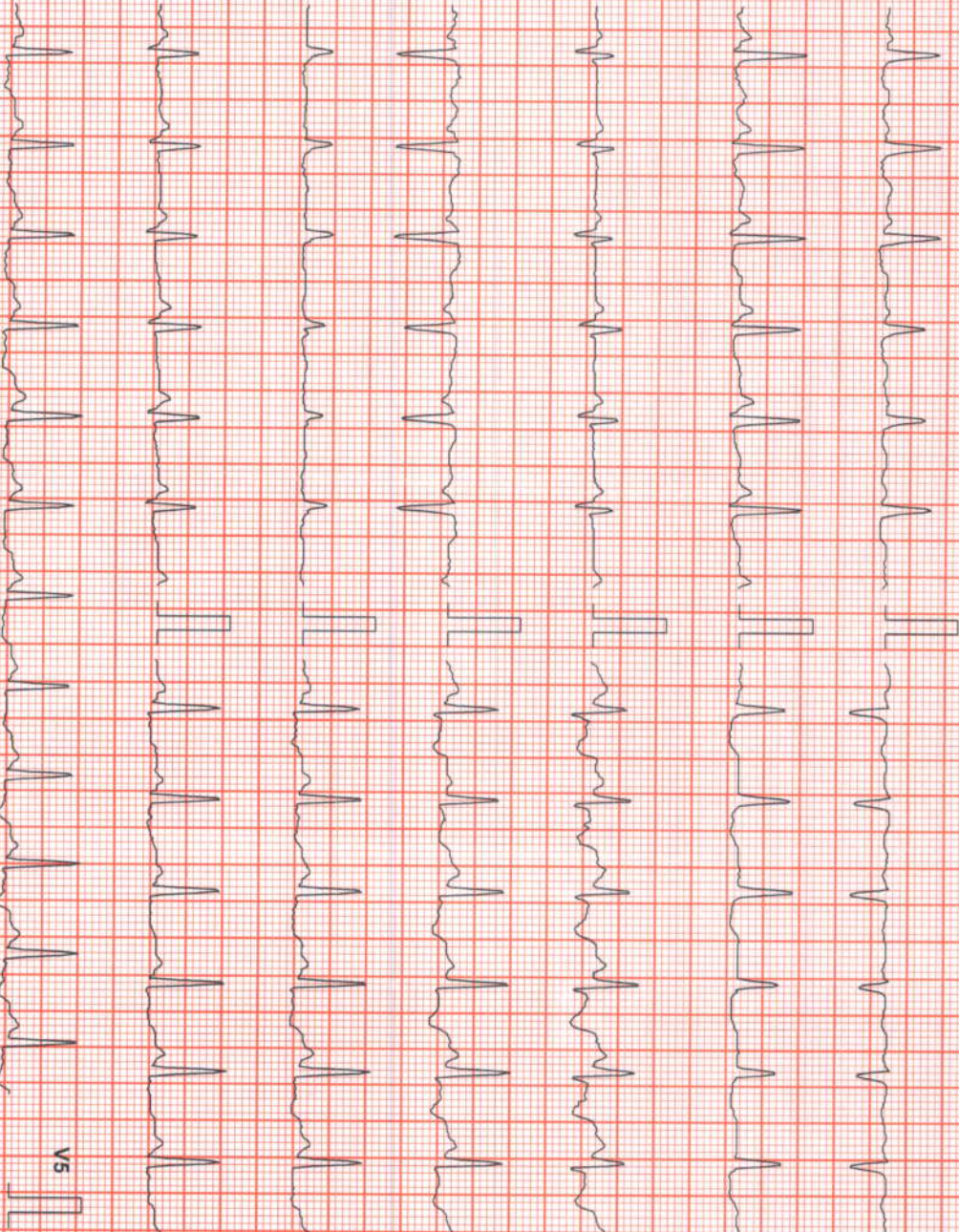
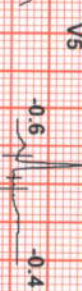
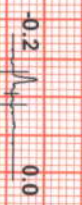
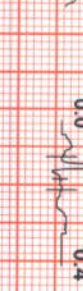
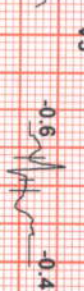
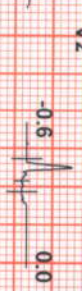


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandari V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time: 0 m 0 s

Stage Time: 0 m 9 s

HR: 121 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P.: 110/70

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

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

-0.4 0.0

0.2 0.0

-0.6 0.0

-0.8 -0.4

0.0 0.0

-0.8 -0.4

0.6 0.0

-0.8 -0.4

-0.2 0.0

-0.8 -0.4

-0.2 0.0

-0.6 0.0

0.2 0.0

-0.4 -0.4

0.0 0.0

0.0 0.0

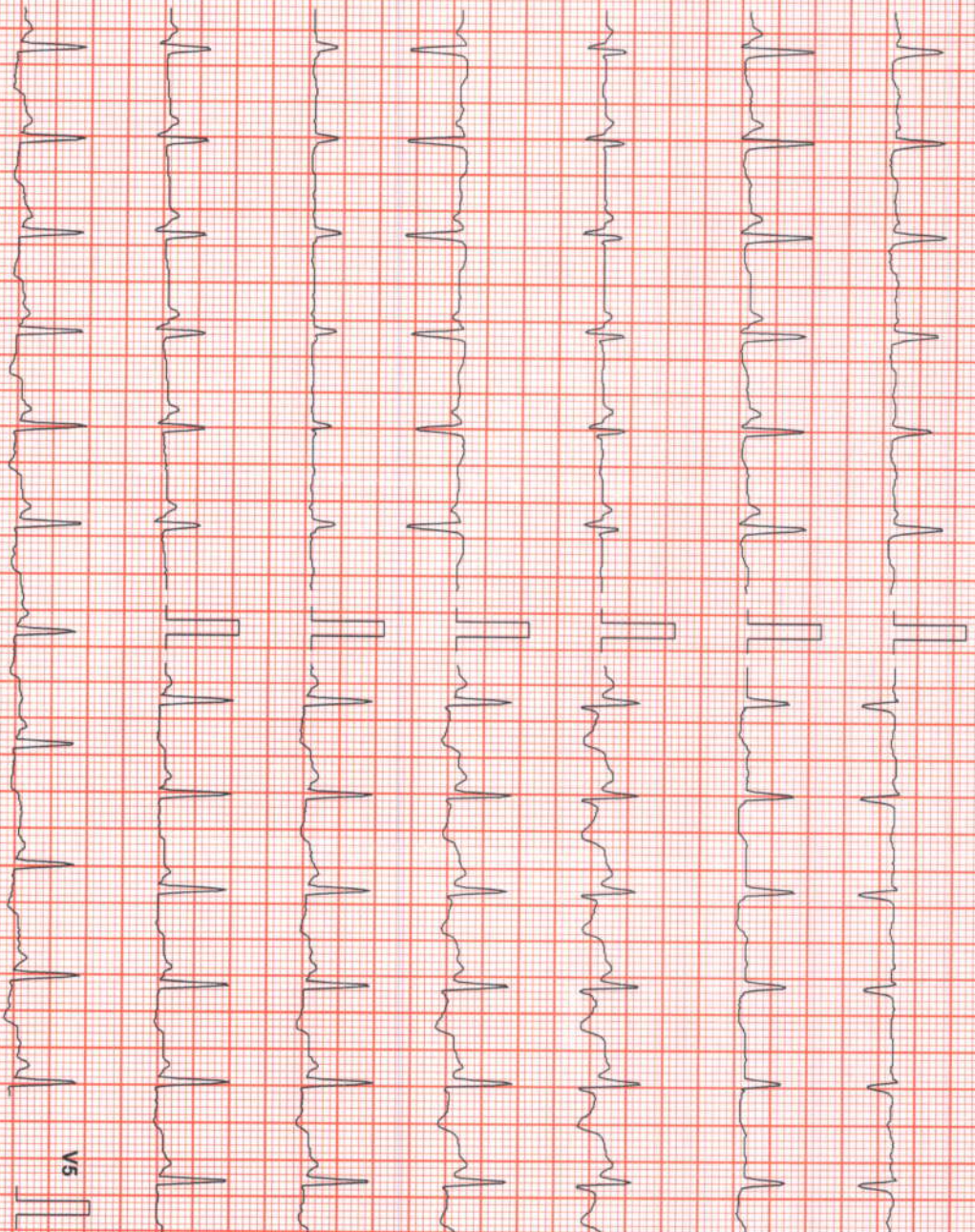


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

1sec = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Späher V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 120 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

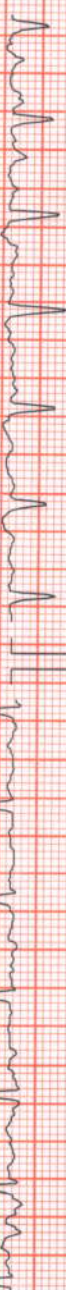
(THR: 172 bpm)

B.P.: 110/70

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

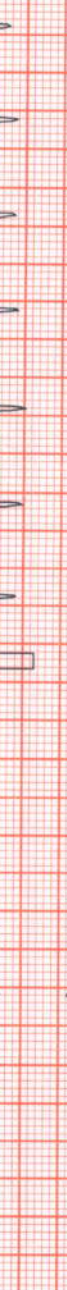
ST Level (mm) ST Slope (mV/s)

-0.2 0.4



0.0 -0.4

-0.6 -0.4



-0.4 -0.4

-0.2 0.0



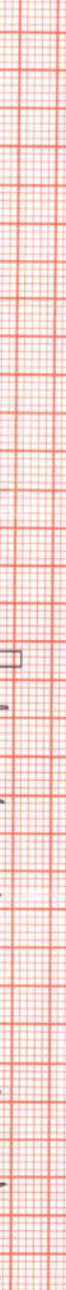
-0.8 -0.7

0.6 0.0



-0.8 0.0

0.0 0.0



-0.8 0.0

-0.4 -0.4



-0.6 0.0

0.0 0.0



0.0 -0.4

0.0 0.0



0.0 -0.4

0.0 0.0



0.0 -0.4

0.0 0.0



0.0 -0.4

0.0 0.0



0.0 -0.4

0.0 0.0



0.0 -0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4 S2



MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 140 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12%

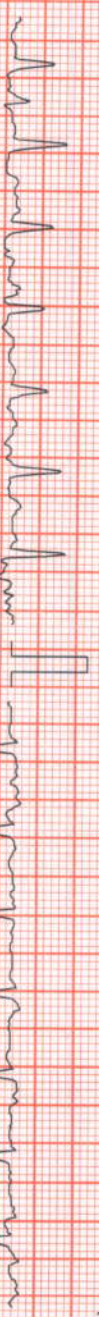
(THR: 172 bpm)

B.P.: 120/70

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

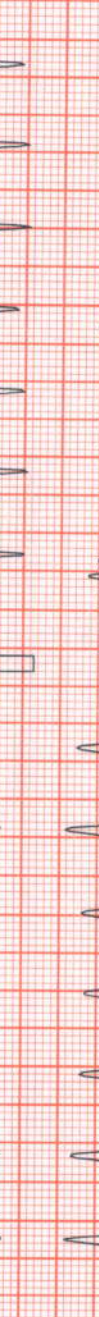
ST Level (mm) ST Slope (mV/s)

-0.4 0.7



0.2 -0.4

-1.1 0.4



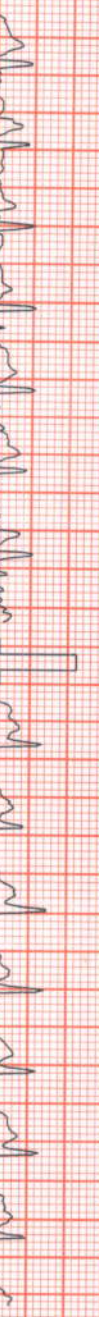
-0.4 0.4

-0.4 -0.4



-1.1 0.0

0.8 -0.4



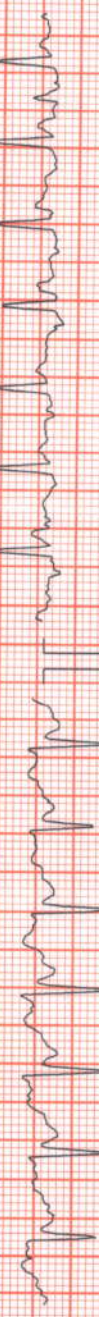
-1.1 0.0

0.0 0.4



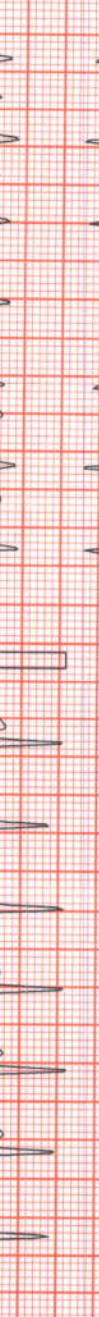
-1.1 0.0

-0.6 0.0



-1.3 0.4

0.0 0.4



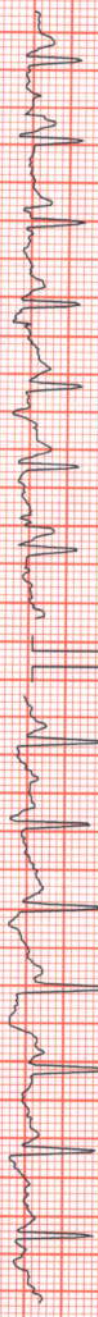
-1.1 0.0

0.0 0.4



-1.1 0.0

0.0 0.4



-1.1 0.0

0.0 0.4



-1.1 0.0

0.0 0.4



-1.1 0.0

0.0 0.4



-1.1 0.0

Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 165 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

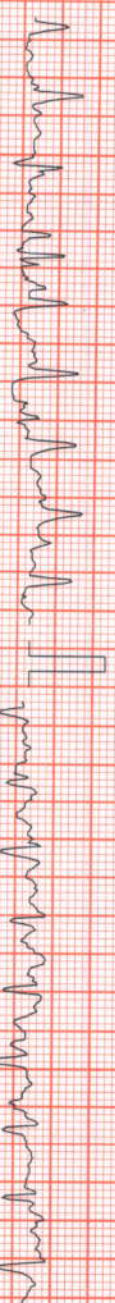
(THR- 172 bpm)

B.P: 170 / 70

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

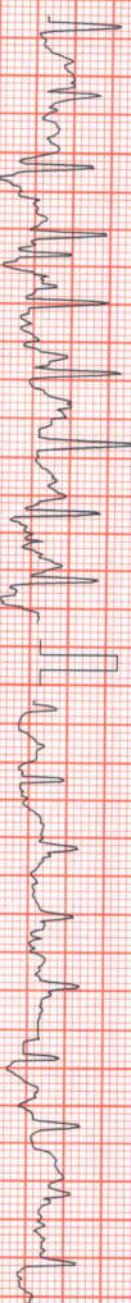
ST Level (mm) ST Slope (mV/s)

-0.4 0.4



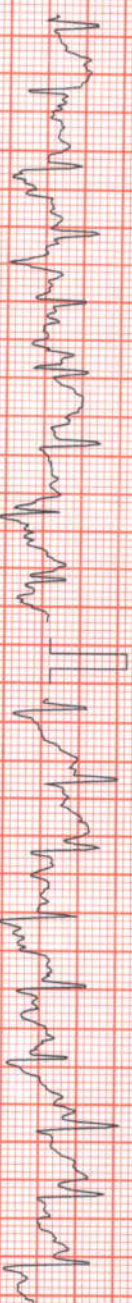
0.2 -0.4

-1.5 0.4



-0.4 0.0

-0.8 0.0



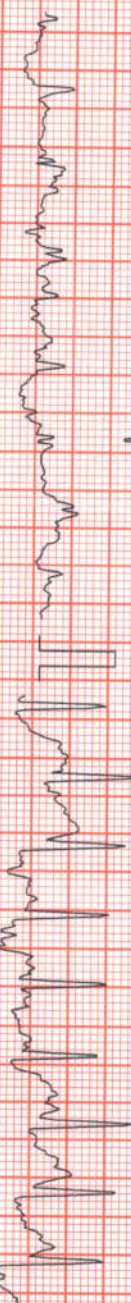
-1.9 -0.7

1.1 -0.4



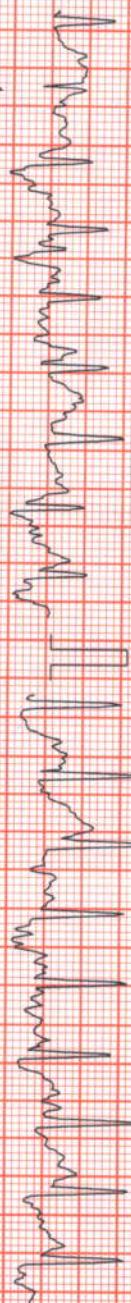
-1.7 0.0

0.2 0.0



-1.5 -0.4

-1.3 0.0



-1.5 -0.4

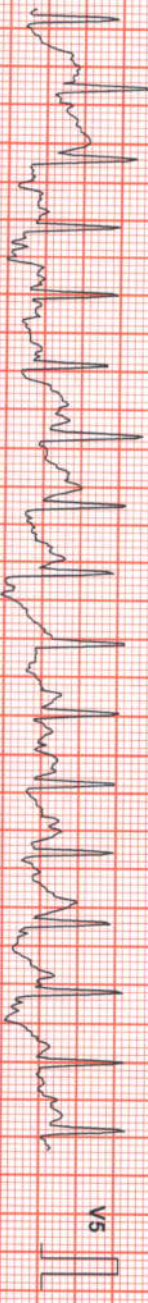


Chart Speed: 25 mm/sec
Schiller Standard V 4 52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time : 9 m 2 s

Stage Time : 0 m 2 s

HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16%

(THR: 172 bpm)

B.P.: 170/70

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

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

-0.4 0.4

0.2 -0.4

-1.5 0.4

-0.4 0.0

-0.8 0.0

-1.9 -0.7

1.1 -0.4

-1.7 0.0

0.2 0.0

-1.5 -0.4

-1.3 0.0

-1.5 -0.4

Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 HZ

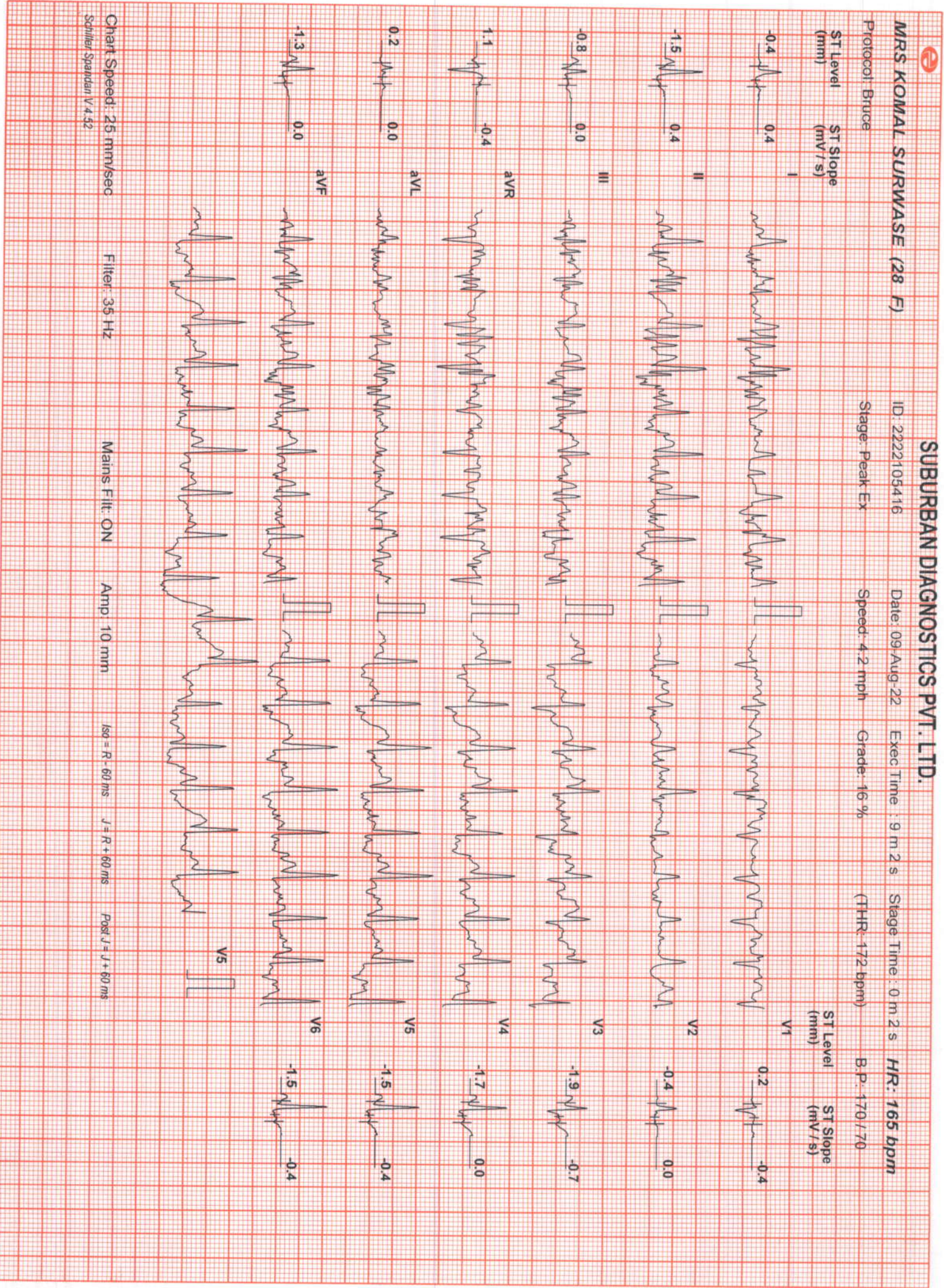
Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time: 9 m 2 s

Stage Time: 1 m 0 s

HR: 134 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P.: 170/70

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

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

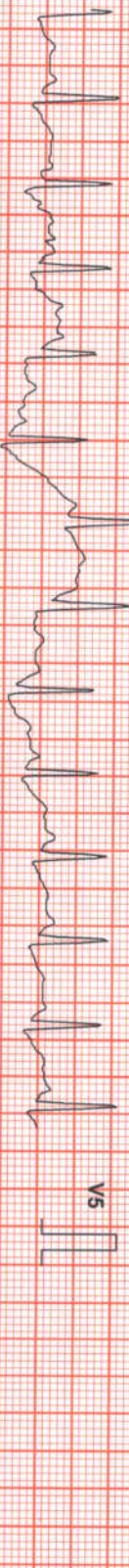
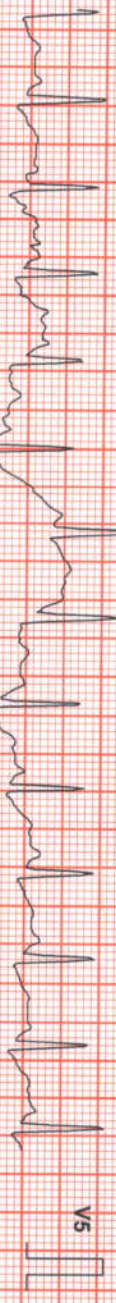
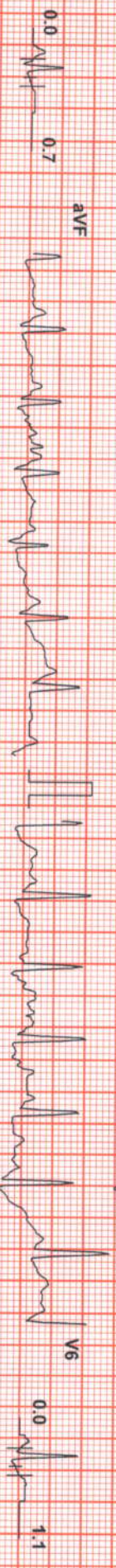
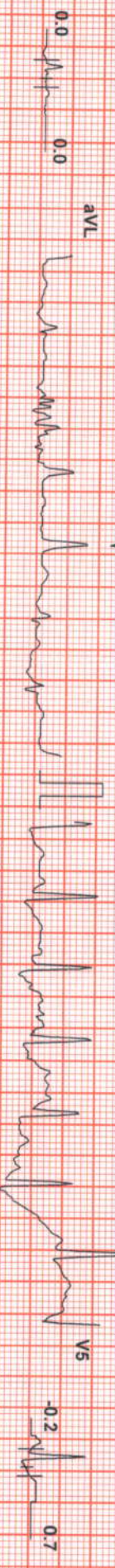
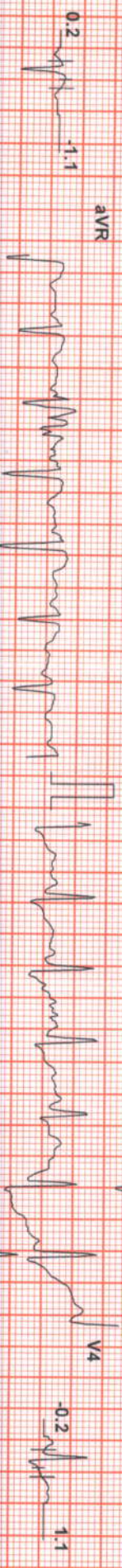
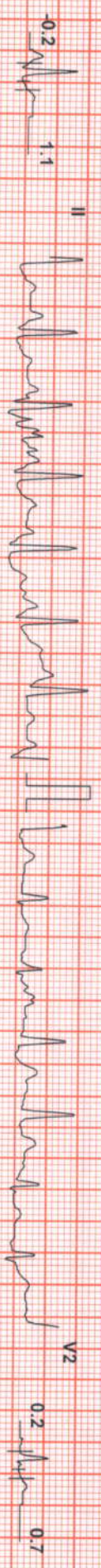
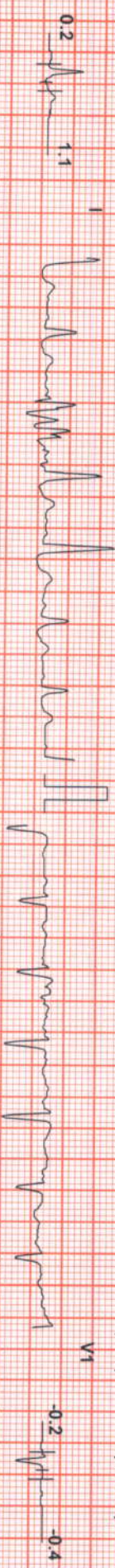


Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time : 9 m 2 s

Stage Time : 1 m 0 s

HR: 113 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 150 / 70

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

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

0.0 0.7



0.0 -0.4

-0.4 0.7



0.0 0.7

-0.2 0.4



-0.4 0.7

0.4 -0.7



-0.4 0.7

0.0 0.0



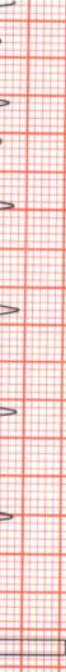
-0.4 0.7

0.4 0.4



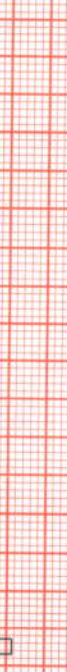
-0.4 0.4

0.4 0.4



-0.4 0.4

0.4 0.4



-0.4 0.4

0.4 0.4



-0.4 0.4

0.4 0.4



-0.4 0.4

0.4 0.4



-0.4 0.4

0.4 0.4



-0.4 0.4

Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09 Aug-22

Exec Time : 9 m 2 s

Stage Time : 1 m 0 s

HR: 112 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P: 150/70

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

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

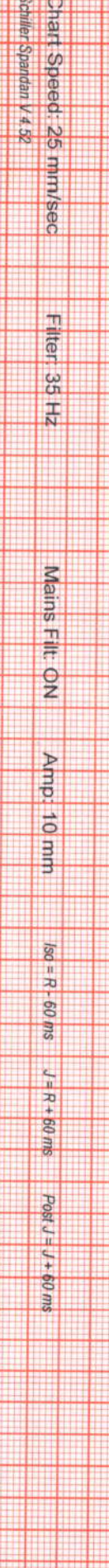
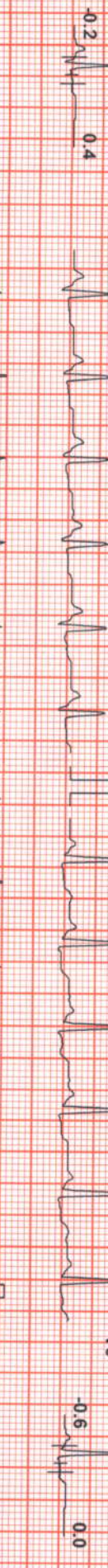
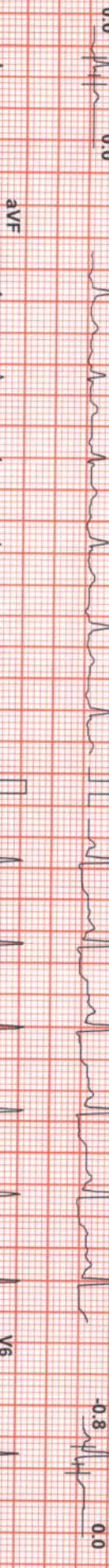
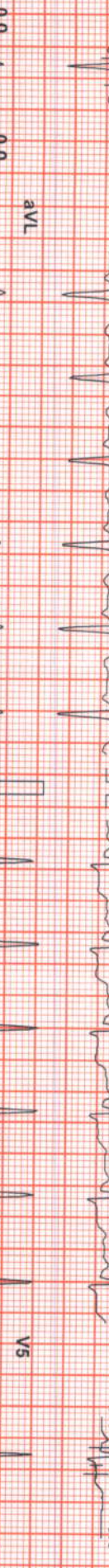
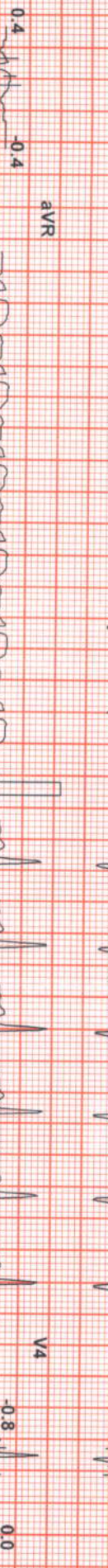
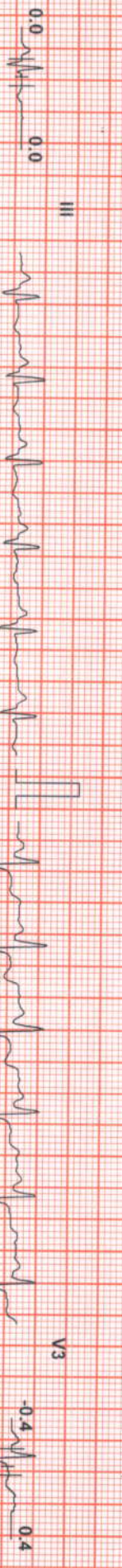
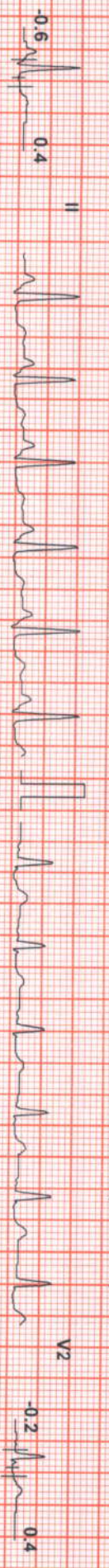
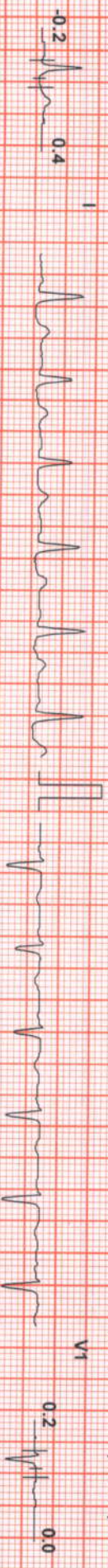


Chart Speed: 25 mm/sec
Schlter Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time: 9 m 2 s

Stage Time: 1 m 0 s

HR: 110 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P: 120 / 70

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

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

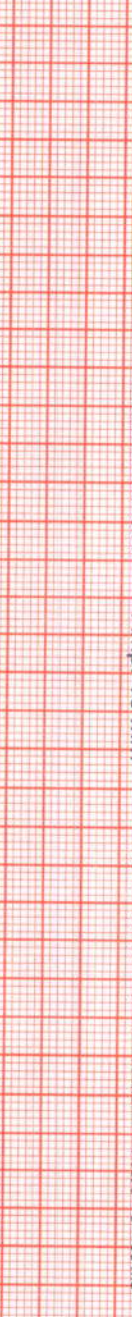
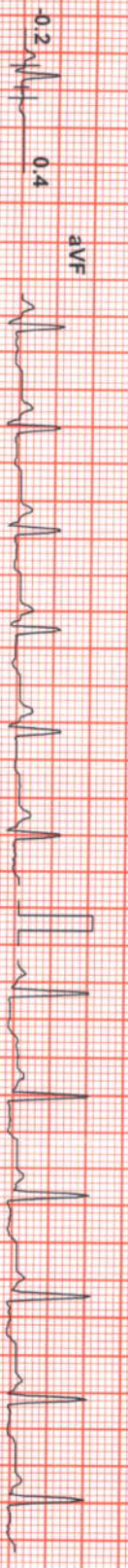
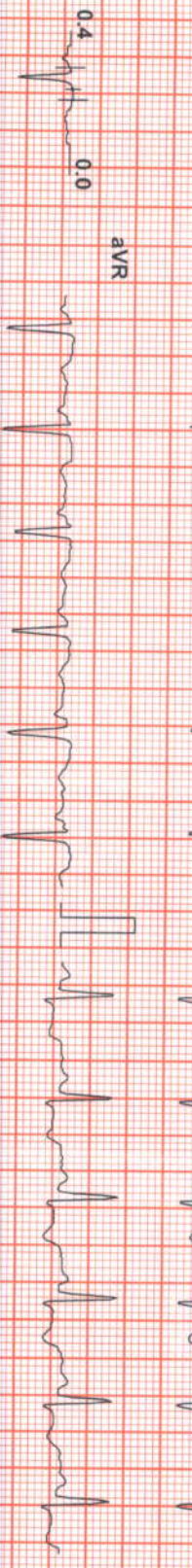
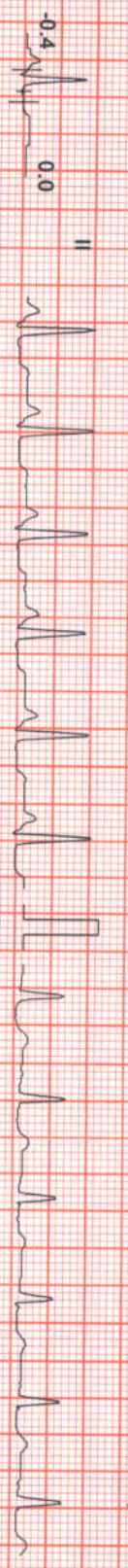
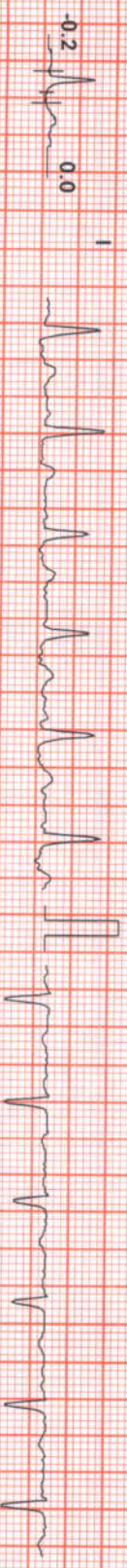


Chart Speed: 25 mm/sec
Schiller Spardan V 4.52

Filter: 35 Hz

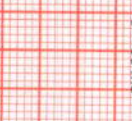
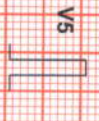
Mains Filt: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





SUBURBAN DIAGNOSTICS PVT. LTD.

MRS KOMAL SURWASE (28 F)

ID: 2222105416

Date: 09-Aug-22

Exec Time: 9 m 2 s

Stage Time: 0 m 1 s

HR: 110 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P: 120/70

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

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

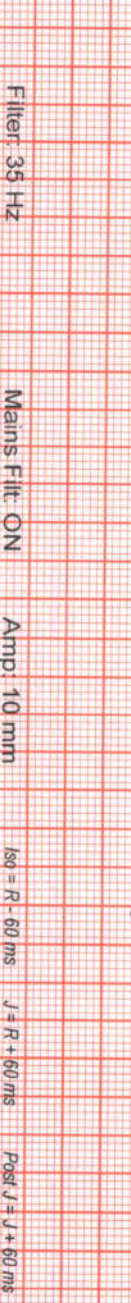
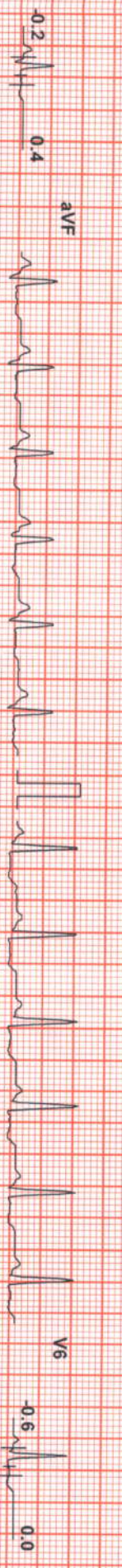
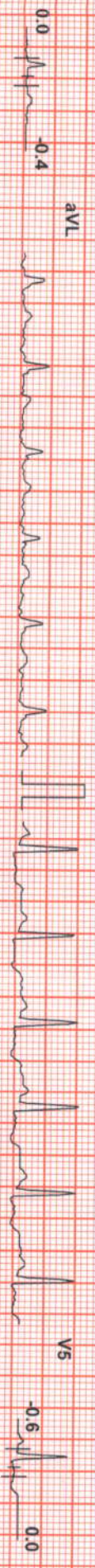
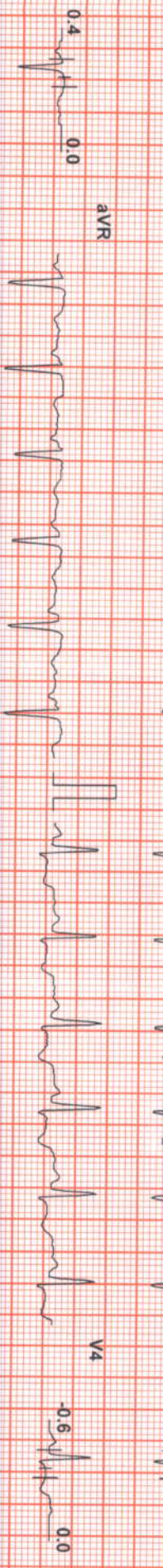
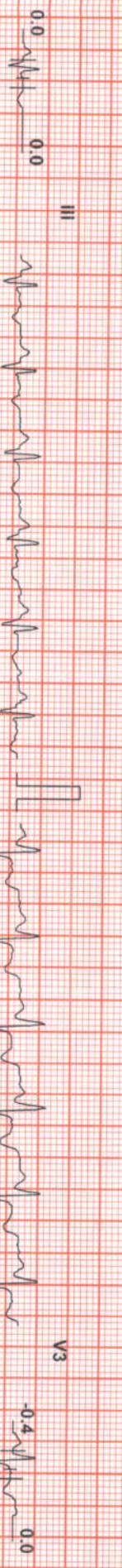
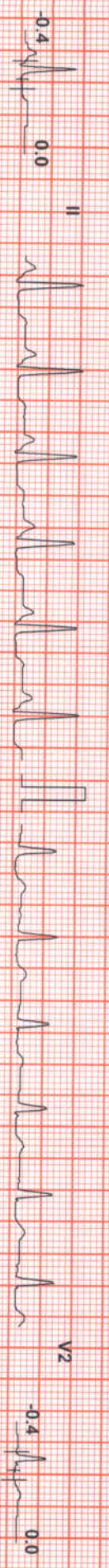
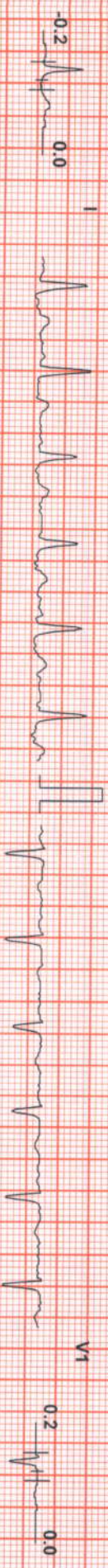


Chart Speed: 25 mm/sec
Schiller Spardan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms