

CID#	: 2132327404	SID#	: 177802021495
Name	: MRS.ASHA JOHN	Registered	: 19-Nov-2021 / 09:23
Age / Gender	: 34 Years/Female	Collected	: 19-Nov-2021 / 09:23
Ref. Dr	: -	Reported	: 20-Nov-2021 / 09:29
Reg.Location	: Andheri West (Main Centre)	Printed	: 20-Nov-2021 / 14:18

PHYSICAL EXAMINATION REPORT

History and Complaints:

K/C/O Hypothyroidism on medication since 2 years.

EXAMINATION FINDINGS:

Height (cms):	166 cms	Weight (kg):	91 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of Hg	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

PCOD on USG abdomen.
 Borderline dyslipidemia

ADVICE:

Kindly consult treating physician with all reports.

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 | Yes since 2 years |
| 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 2 LSCS |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----------------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Mixed |
| 4) Medication | Tab. Thyronorm 50 mcg 1-0-0 |

*** End Of Report ***



Dr.Geetanjali Khullar

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Consulting Dr. : -
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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	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.48	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.8	36-46 %	Measured
MCV	77.7	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6120	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.3	20-40 %	
Absolute Lymphocytes	1850	1000-3000 /cmm	Calculated
Monocytes	10.6	2-10 %	
Absolute Monocytes	650	200-1000 /cmm	Calculated
Neutrophils	57.4	40-80 %	
Absolute Neutrophils	3510	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	80	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	286000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 16 2-20 mm at 1 hr. Westergren

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



MC-2111



Amar Das Gupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

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

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Collected : 19-Nov-2021 / 10:17
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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	93.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	66.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.7	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	121.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.5	2.4-5.7 mg/dl	Enzymatic

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*** End Of Report ***



Anupa

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

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Reported : 19-Nov-2021 / 14:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	209.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	126.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	39.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	170.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	145.0	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	25.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111

Dr. VRUSHALI SHROFF

Dr. VRUSHALI SHROFF
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	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

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*** End Of Report ***



MC-2111

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Dr.MEGHA SHARMA
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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



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Dr.VRUSHALI SHROFF
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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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	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	5.64	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 5.5 to 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: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.

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 ***



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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	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	0-1	0-5/hpf	
Red Blood Cells / hpf	1-2	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	-		

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*** End Of Report ***



MC-2111

Signature
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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CID : 2132327404
Name : Mrs Asha John
Age / Sex : 34 Years/Female
Ref. Dr :
Reg.Location : Andheri West (Main Center)

Reg. Date : 19-Nov-2021 / 09:47
Report Date : 19-Nov-2021 / 12:07
Printed : 19-Nov-2021 / 12:07

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-----

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



CID : 2132327404
Name : Mrs ASHA JOHN
Age / Sex : 34 Years/Female
Ref. Dr :
Reg.Location : Andheri West (Main Center)

Reg. Date : 19-Nov-2021 / 10:50
Report Date : 19-Nov-2021 / 12:29
Printed : 19-Nov-2021 / 12:29

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.7cm) and **shows bright echotexture (Grade I fatty liver)**. 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.

GALL BLADDER:

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

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 10.8 x 4.2cm. Left kidney measures 11.4 x 5.1cm.

SPLEEN:

The spleen is normal in size (10.1cm) 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 6.3 x 5.0 x 3.8cm in size. The endometrial thickness is 5.3mm.

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OVARIES:

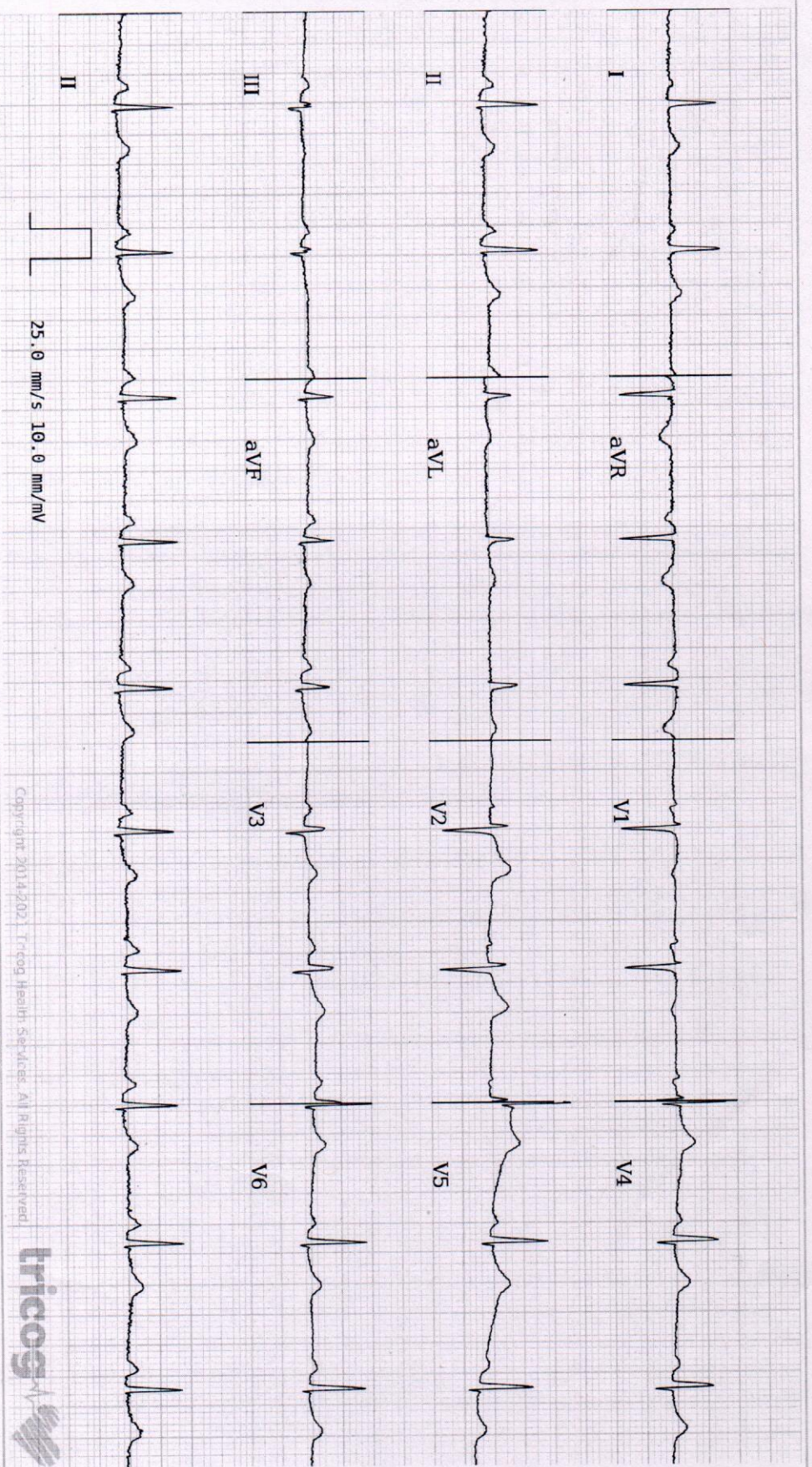
Both ovaries appear bulky. Both the ovaries show small (5-8mm diameter) peripherally arranged follicles with echogenic stroma. Findings could be suggestive of polycystic ovaries. The right ovary measures 3.3 x 3.2 x 2.1cm and ovarian volume is 12.0cc. The left ovary measures 3.4 x 3.3 x 2.0cm and ovarian volume is 12.1cc.

Kindly correlate clinically and with hormonal correlation for PCOD.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

Patient Name: ASHA JOHN
Patient ID: 2132327404



25.0 mm/s 10.0 mm/mV

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Age **34** 6 10
years months days

Gender **Female**

Heart Rate **64 bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA

Others:

Measurements

QSRD: 70 ms
QT: 404 ms
QTc: 416 ms
PR: 162 ms
P-R-T: 67° 28° 41°

REPORTED BY

DR RAVI CHAVAN

DR RAVI CHAVAN
MD, D. CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used 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 derived from the ECG.

आयकर विभाग
INCOME TAX DEPARTMENT

ASHA PRADEEP JOHN

ABRAHAM EAPEN

09/05/1987

Permanent Account Number

AAVPE2420M


Signature



भारत सरकार
GOVT. OF INDIA



12082014

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 19-Nov-21 **Time:** 12:47:14 PM
Name: ASHA JOHN **ID:** 2132327404
Age: 34 y **Sex:** F **Height:** 166 cms **Weight:** 91 Kgs
Clinical History: HYPOTHYROID

Medications: YES

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 5 m 58 s **Max. HR:** 160 (86% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 170 / 80 mmHg **Max. BP x HR:** 27200 mmHg/min **Min. BP x HR:** 6800 mmHg/min
Test Termination Criteria: Fatigue, 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	2 : 0	1.0	0	0	96	120 / 80	-3.61 V3	-4.60 V2
Standing	0 : 7	1.0	0	0	85	120 / 80	-0.21 III	0.71 II
Hyperventilation	0 : 29	1.0	0	0	93	120 / 80	-4.67 II	-4.60 II
1	3 : 0	4.6	1.7	10	127	130 / 80	-5.31 V5	-4.25 V5
Peak Ex	2 : 58	7.0	2.5	12	160	170 / 80	-1.70 II	2.48 II
Recovery(1)	1 : 0	1.8	1	0	135	150 / 80	-1.49 III	3.54 V5
Recovery(2)	1 : 0	1.0	0	0	106	130 / 80	-0.42 III	3.54 V5
Recovery(3)	0 : 15	1.0	0	0	89	120 / 80	-0.42 III	2.48 V4

Interpretation

FAIR EFFORT TOLERANCE
 ACCELERATED CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE @ LWO WORK LOADS
 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

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)

Doctor: DR. RAVI CHAVAN
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

ASHA JOHN (34 F)

SUBURBAN DIAGNOSTICS

ID: 2132327404

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 1 m 54 s HR: 96 bpm

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

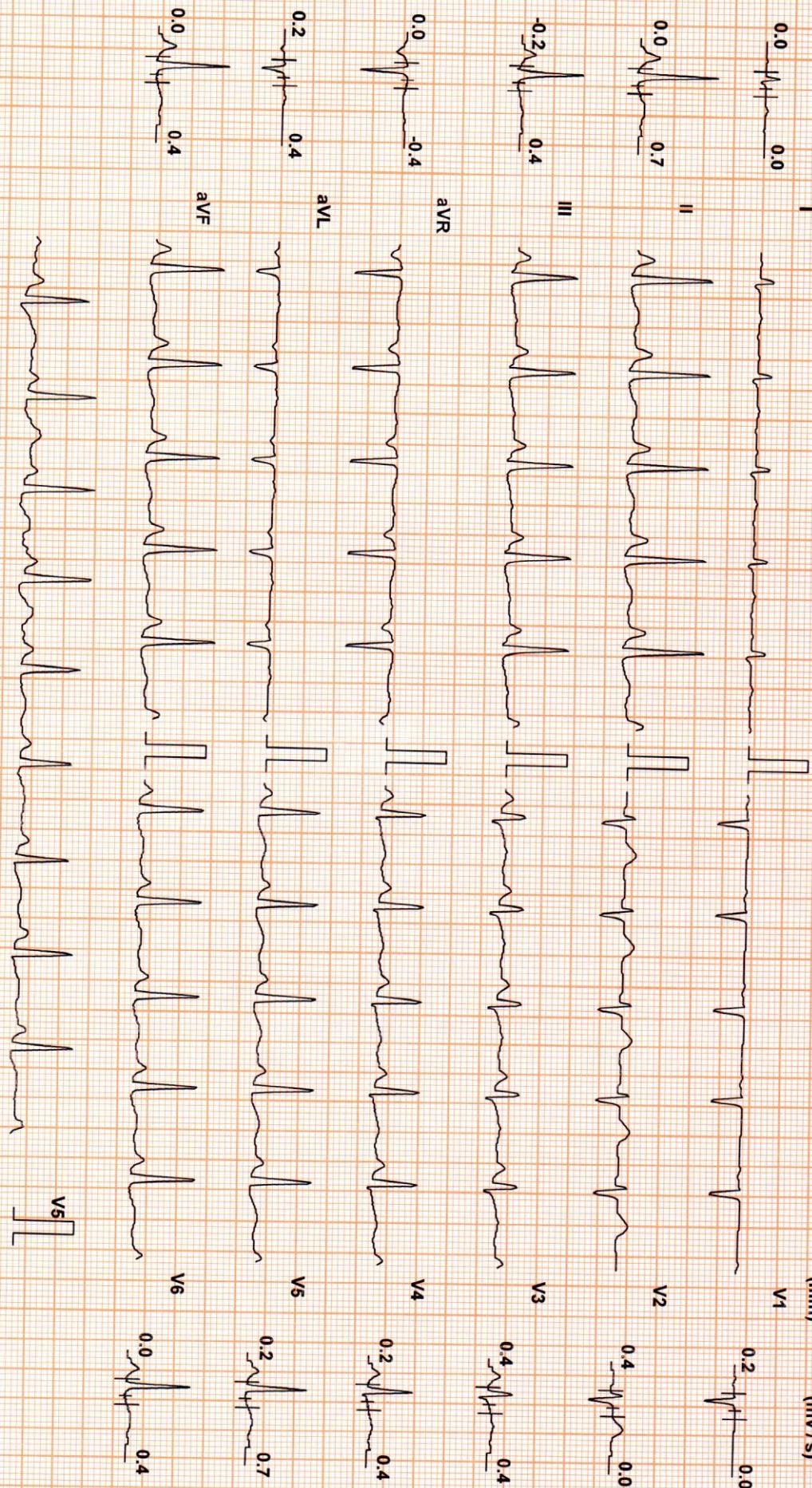


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ASHA JOHN (34 F)

SUBURBAN DIAGNOSTICS

ID: 2132327404

Date: 19-Nov-21

Exec Time : 0 m 0 s Stage Time : 0 m 1 s

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

HR: 85 bpm
B.P: 120 / 80

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

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

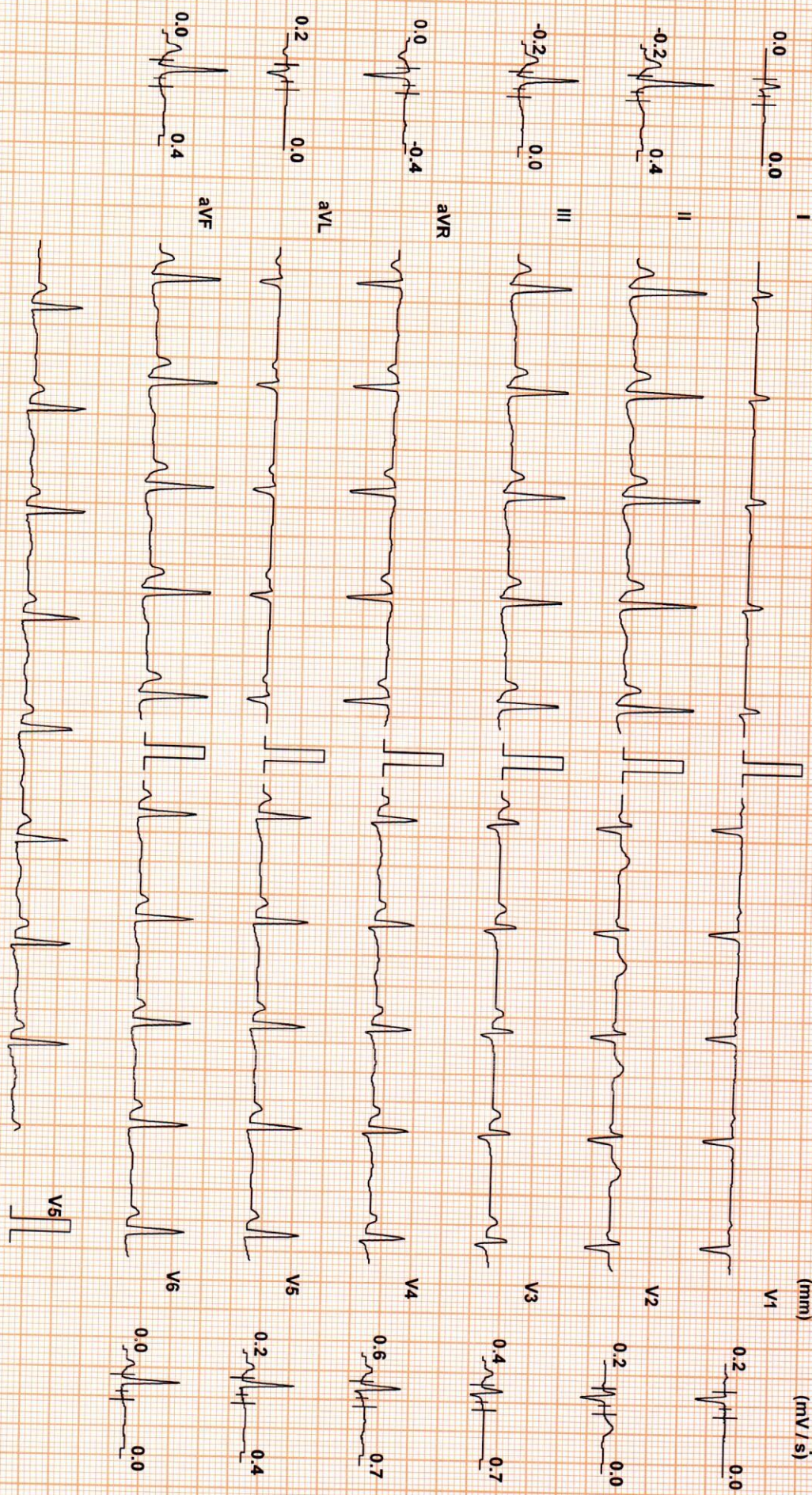


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ASHA JOHN (34 F)

Protocol: Bruce

ID: 2132327404

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s HR: 93 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

0.2 0.0



0.2 0.4

0.0 0.4



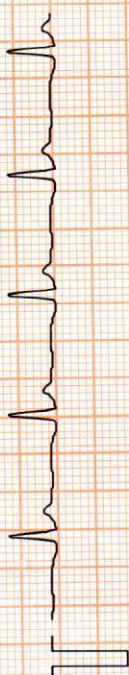
0.4 0.4

-0.4 0.0



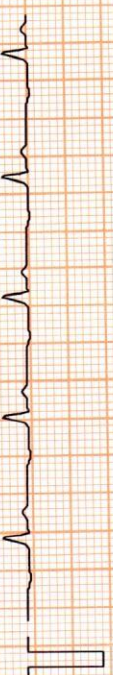
0.4 0.7

-0.2 -0.7



-0.4 0.0

0.2 0.0



0.0 0.0

-0.2 0.4



0.2 0.4



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 Spandax V 4.7

Linked Median



ASHA JOHN (34 F)

Protocol: Bruce

ID: 2132327404

Stage: 1

Date: 19-Nov-21

Speed: 1.7 mph

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 125 bpm

Grade: 10 %

(THR: 158 bpm)

B.P.: 130 / 80

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

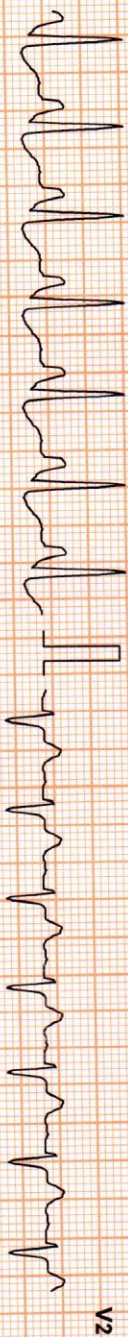
ST Level (mm) ST Slope (mV/s)

0.2 0.4



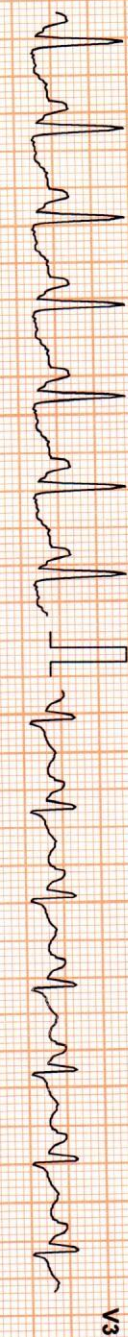
0.4 0.0

-0.6 1.8



0.4 0.4

-1.1 0.7



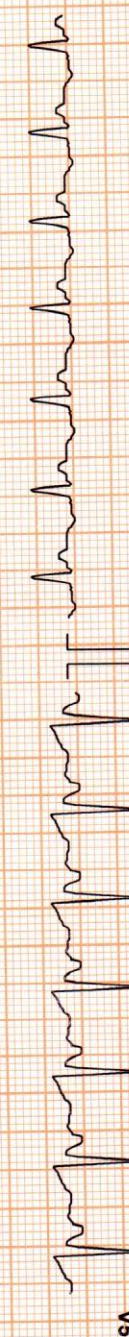
0.2 1.1

0.2 -1.1



0.0 1.4

0.4 -0.4



-0.2 1.1

-0.8 1.1



-0.5 1.1



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

Schler Spanden V 4.7

Linked Median



ASHA JOHN (34 F)

Protocol: Bruce

ID: 2132327404

Stage: Peak Ex

Date: 19-Nov-21

Speed: 2.5 mph

Exec Time : 5 m 52 s

Grade: 12 %

Stage Time : 2 m 52 s

(THR: 158 bpm)

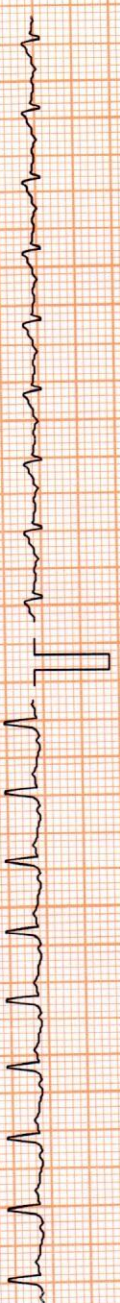
HR: 160 bpm

B.P: 170 / 80

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

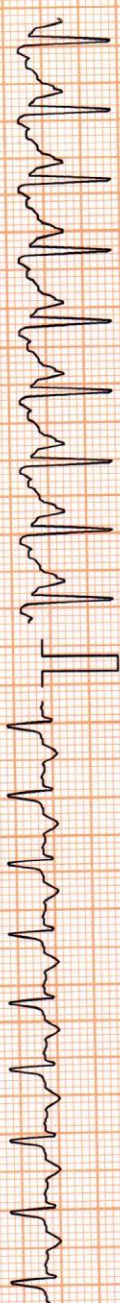
ST Level (mm) ST Slope (mV/s)

0.0 1.1



0.6 0.0

-1.1 1.4



0.6 1.4

-1.5 0.0



0.2 1.8

0.4 -1.4



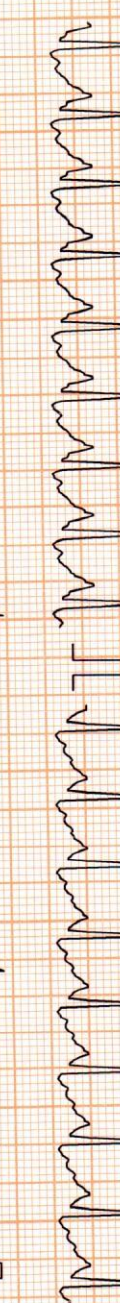
-0.2 1.4

0.8 0.7



-0.6 1.8

-1.5 0.7



-0.6 1.1



Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

1 351 176V11

ASHA JOHN (34 F)

Protocol: Bruce

ID: 2132327404

Date: 19-Nov-21

Exec Time : 5 m 58 s Stage Time : 0 m 54 s HR: 134 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

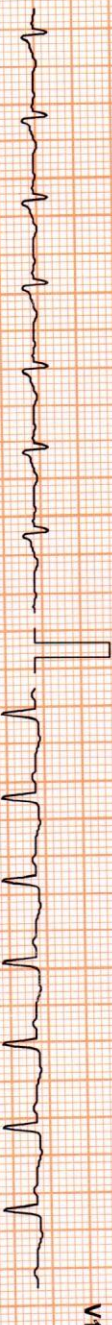
(THR: 158 bpm)

B.P.: 150 / 80

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

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

0.2 0.7



0.6 0.4

0.2 2.5



1.5 2.1

-0.4 1.1



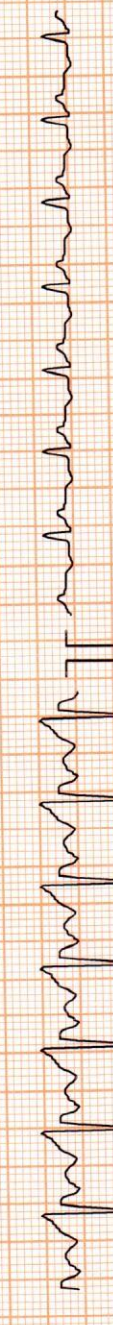
1.7 2.5

-0.2 -1.8



1.3 3.2

0.4 0.4



0.8 2.8

-0.2 1.4



0.4 2.5



Chart Speed: 25 mm/sec
Schlter Spandan 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



ASHA JOHN (34 F)

Protocol: Bruce

ID: 2132327404

Date: 19-Nov-21

Exec Time : 5 m 58 s Stage Time : 0 m 54 s HR: 105 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

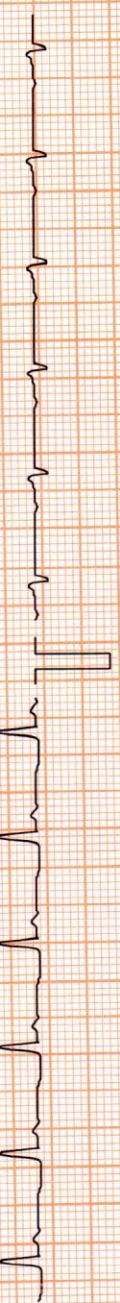
(THR: 158 bpm)

B.P: 130/80

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

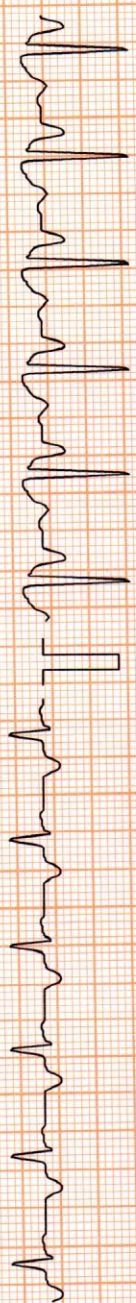
ST Level (mm) ST Slope (mV/s)

0.0 0.4



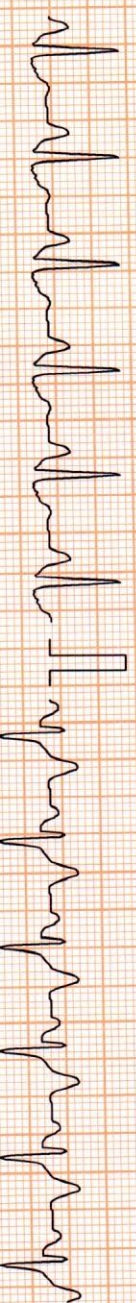
0.4 0.0

-0.2 1.8



0.4 0.7

0.0 1.1



1.5 1.8

0.0 -1.1



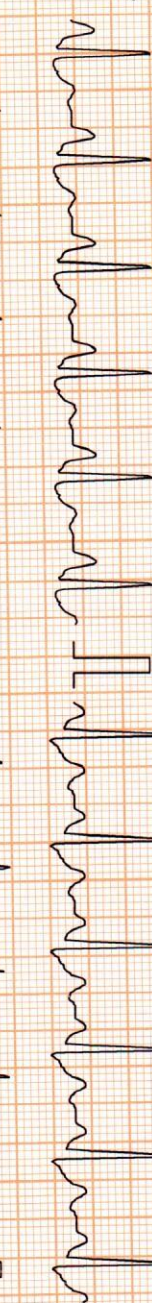
1.3 2.5

0.0 -0.4



0.6 2.5

0.0 1.8



0.2 2.1



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

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

1531 NWPUL

ASHA JOHN (34 F)

SUBRBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2132327404

Date: 19-Nov-21 Exec Time : 5 m 58 s Stage Time : 0 m 9 s

HR: 89 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120/80

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

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

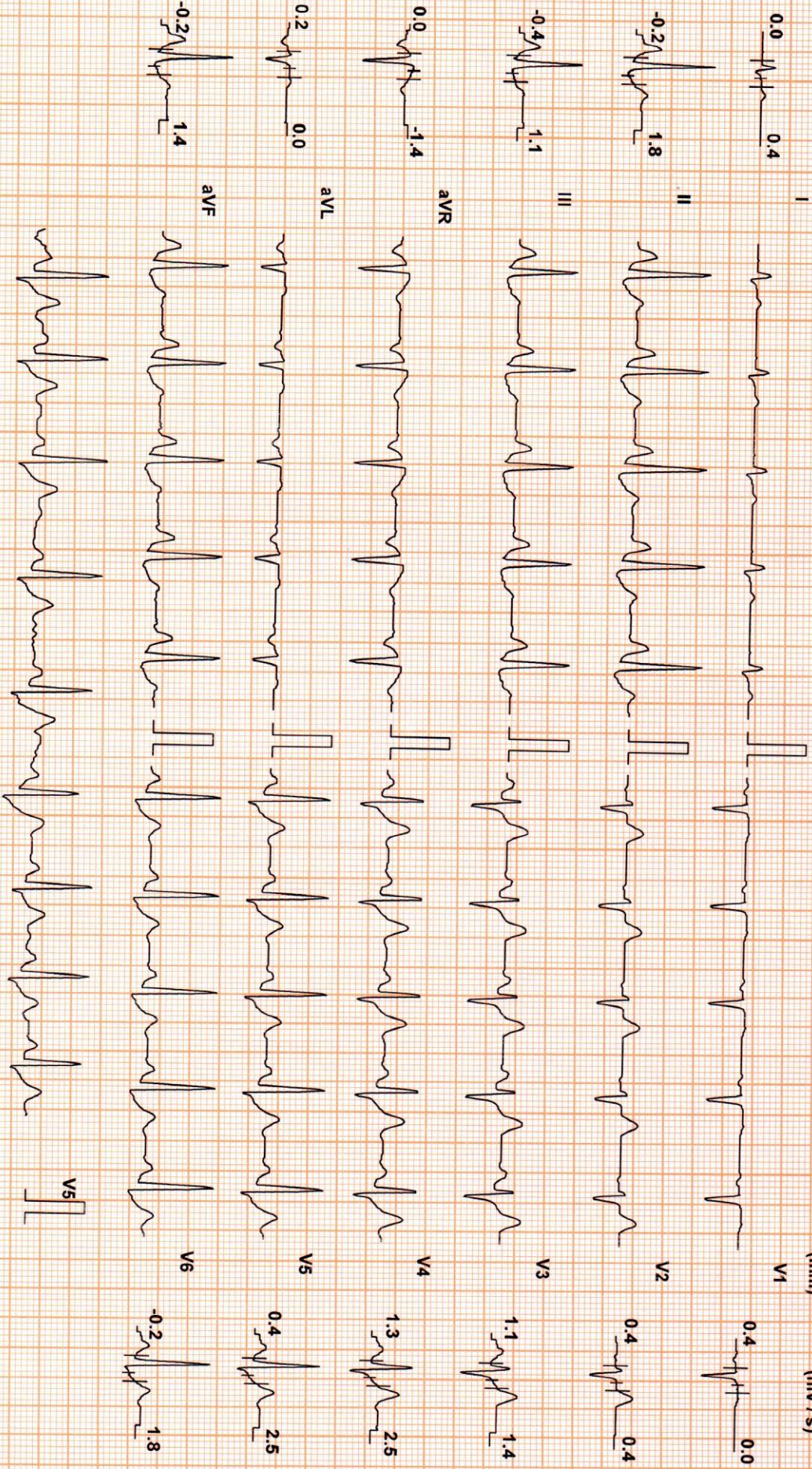


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

