



CID : 2134540611
Name : MRS.KAVITA I LODHA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 11-Dec-2021 / 10:11
Reported : 11-Dec-2021 / 14:09

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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	9.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.07	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.1	36-46 %	Measured
MCV	65	80-100 fl	Calculated
MCH	18.8	27-32 pg	Calculated
MCHC	28.8	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9060	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	2835.8	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	634.2	200-1000 /cmm	Calculated
Neutrophils	48.3	40-80 %	
Absolute Neutrophils	4376.0	2000-7000 /cmm	Calculated
Eosinophils	12.6	1-6 %	
Absolute Eosinophils	1141.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	72.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	330000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	21.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	++
Microcytosis	++



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Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia


Feature suggestive of Thalassemia trait and iron deficiency anemia
Advice : Iron studies , Serum ferritin & Reticulocyte count estimation.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-20 mm at 1 hr. Westergren

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




Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	13.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.0	2.4-5.7 mg/dl	Enzymatic



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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 Panvel Lab, Panvel East
*** End Of Report ***



Tejaswini Dhoté

Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist



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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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

*** End Of Report ***



MC-2111



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



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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	6-8	0-5/hpf	
Red Blood Cells / hpf	4-6	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

Kindly correlate clinically.

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*** End Of Report ***



Dr. TEJASWINI DHOTE
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



Shashi D

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	68.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	92	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	78.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	14.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	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	2.58	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 ***



Tejaswini Dhoté
Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist

Kavita
Dr. Shephali Bodkhe
MBBS

2008/03/1809



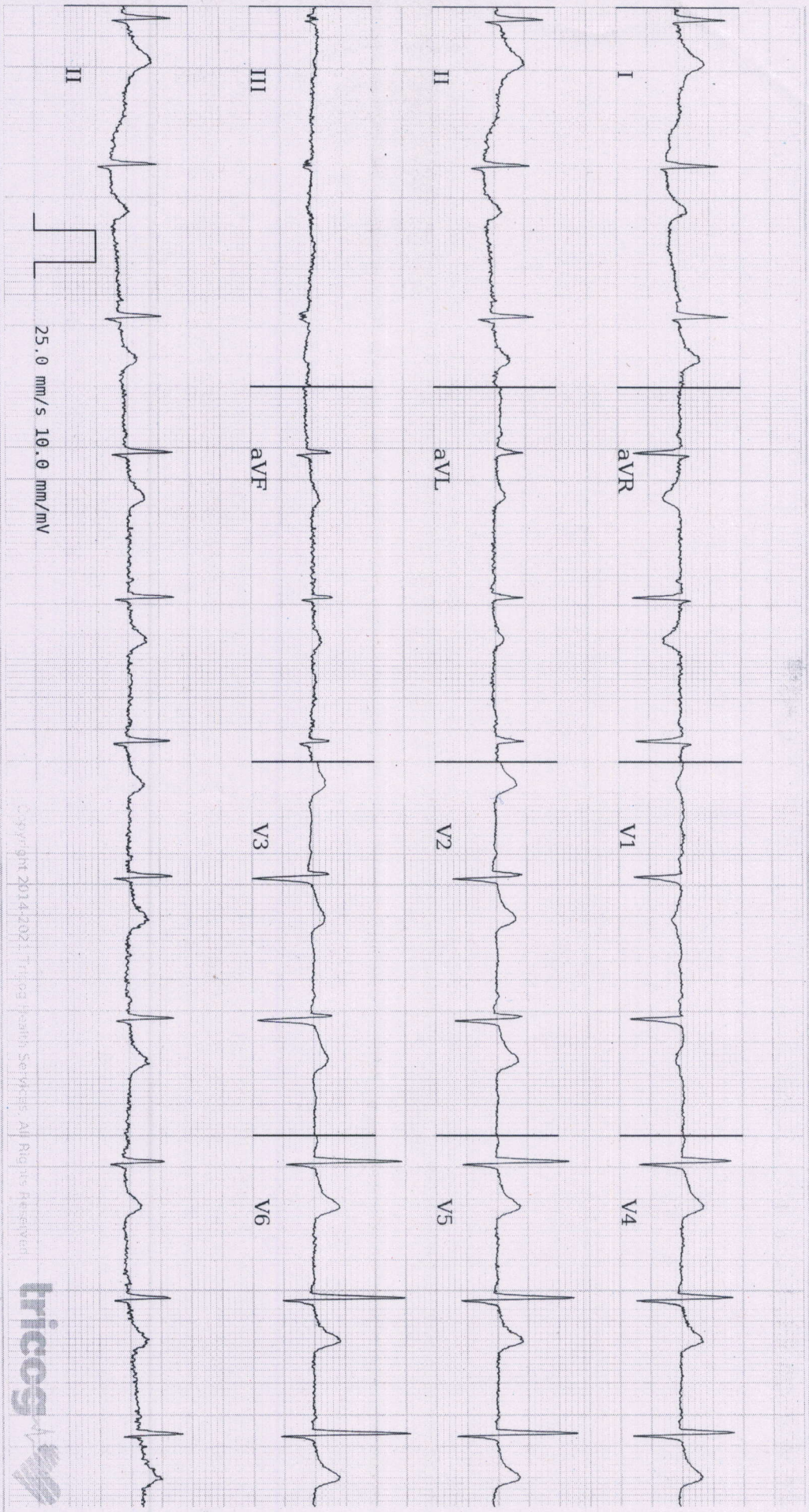
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Tel: 27884547 / 27864548.

Kavita Lodha

Patient Name: KAVITA I LODHA

Patient ID: 2134540611

Date and Time: 11th Dec 21 12:16 PM



Age **38** 1 17
years months day

Gender **Female**

Heart Rate **66 bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 66 kg

Height: 157 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 78 ms

QT: 412 ms

QTc: 431 ms

PR: 138 ms

P-R-T: 17° 19° 36°

REPORTED BY

Arundhan

Dr. Anand N Motwani
M.D (General Medicine)
Reg No 39329 M.M.C

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

Date: 10/12/21
Name: Kanta Lodha
CID:
Age / Gender: 39 Years / F

PHYSICAL EXAMINATION REPORT

History and Complaints: For RHC
Hb + meala m.c.

EXAMINATION FINDINGS:

Height (cms): 157	Weight (kg): 66
Temp (0c): (N)	Skin: (N)
Blood Pressure (mm/Hg): 130/80	Nails: (N)
Pulse: 72	Lymph Node: NP/NT

Systems

Cardiovascular: /
Respiratory: /
Genitourinary: /
GI System: (N)
CNS: /

IMPRESSION: As above Available sepcn noted

- * CBC - low Hb., Eosinophilia, P16/5 Thalassaemic trait, USG abd. ab (N)
- * FBS / PABS, UFT, BUN, creat, uric acid, HbA1c, TFT, ECG, CXR (N)
- * TMT Neg.
- * urine sugar / Ketones - absent - , urine s/o UTI (Urinary tract Infection)
- low HDL
- * Blood gr - A positive ,

(PRO)

Advice: ① Consult family physician with all the reports
② Consult gynecologist with USG report ③ consult gynecologist/
family physician for treatment of UTI, monitor iron & ~~reg~~ regular FLU with
healing diet ④ To do Iron studies, S. ferritin, Retic count & consult
hematologist for correction of Hb% regular FLU. ⑤ A gradual weight loss
→ to 4-5 kg with diet/lifestyle management ⑥ Consult ophthalmologist

CHIEF COMPLAINTS:

1st dose of card vacin taken

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

No

Shephali

14 Dec-2021.

PERSONAL HISTORY: LMP-15/11/21 - Irregular

- 1) Alcohol / No
- 2) Smoking / No
- 3) Diet - mixed.
- 4) Medication - none

Dr. Shephali Bodkhe
MBBS
2008/03/1809

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Date:- 11/12/21

CID: NA 2134540611.

Name:- Kanta Lodha

Sex / Age: 39/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Please refer "physical Examine" form attached.

Unaided Vision:

Aided Vision: -

Refraction: -

(Right Eye)


(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	/				6/12	/			6/12
Near					NG				

Colour Vision: Normal / Abnormal

Remark: As above

Consult ophthalmologist



Dr. Shephali Bodkhe
MBBS

2006/03/1809

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Name : Mrs Kavita I lodha
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 11-Dec-2021 / 10:55
Report Date : 11-Dec-2021 / 12:44
Printed : 11-Dec-2021 / 12:44

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 Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

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Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 11-Dec-2021 / 11:32
Report Date : 11-Dec-2021 / 12:59
Printed : 11-Dec-2021 / 12:59

USG WHOLE ABDOMEN(TVS)

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

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 3.8 cm. Left kidney measures 10.0 x 4.4 cm.

SPLEEN:

The spleen is normal in size 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 coarse in echotexture. It measures 8.1 x 4.4 x 6.0 cm in size. The endometrial thickness is 6.9 mm. Nabothian cyst of size 7 mm is noted in the cervix.

OVARIES:

Both the ovaries are well visualised and left ovary appears normal. The right ovary appears mildly bulky. There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 2.0 x 2.6 cm, Vol - 8.6 cc
Left ovary = 3.5 x 1.6 x 2.0 cm, Vol - 6.3 cc

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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



CID : 2134540611
Name : Mrs Kavita I lodha
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 11-Dec-2021 / 11:32
Report Date : 11-Dec-2021 / 12:59
Printed : 11-Dec-2021 / 12:59

IMPRESSION:-

Coarse echotexture of the uterus.
Nabothian cyst in the cervix.
Mildly bulky right ovary.
Needs correlation with hormonal assays.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

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SUBURBAN DIAGNOSTICS

Patient Details

Date: 11-Dec-21

Time: 1:26:29 PM

Name: MRS KAVITA LODHA ID: 2134540611

Age: 38 y

Sex: F

Height: 157 cms

Weight: 66 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 154 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 26 s

Max. HR: 158 (87% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 170 / 90 mmHg

Max. BP x HR: 26860 mmHg/min

Min. BP x HR: 7600 mmHg/min

Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 47	1.0	0	0	105	130 / 80	-0.64 aVR	1.77 II
Standing	0 : 14	1.0	0	0	100	130 / 80	-0.42 aVR	1.42 II
Hyperventilation	0 : 24	1.0	0	0	108	130 / 80	-0.64 aVR	1.42 II
1	3 : 0	4.6	1.7	10	132	140 / 84	-0.64 III	1.42 II
2	3 : 0	7.0	2.5	12	152	160 / 90	-0.85 III	2.48 II
Peak Ex	0 : 26	10.2	3.4	14	158	170 / 90	-0.85 III	2.83 V4
Recovery(1)	1 : 0	1.8	1	0	115	170 / 90	-1.06 III	4.25 V4
Recovery(2)	1 : 0	1.0	0	0	99	160 / 90	-1.06 aVR	3.54 V4
Recovery(3)	1 : 0	1.0	0	0	106	130 / 90	-0.42 III	1.77 II
Recovery(4)	1 : 0	1.0	0	0	114	120 / 90	-0.42 II	1.77 II
Recovery(5)	1 : 0	1.0	0	0	95	120 / 90	-0.42 II	1.42 II
Recovery(6)	0 : 16	1.0	0	0	98	120 / 90	-0.21 III	1.42 II

SUBURBAN DIAGNOSTICS

Patient Details

Date: 11-Dec-21

Time: 1:26:29 PM

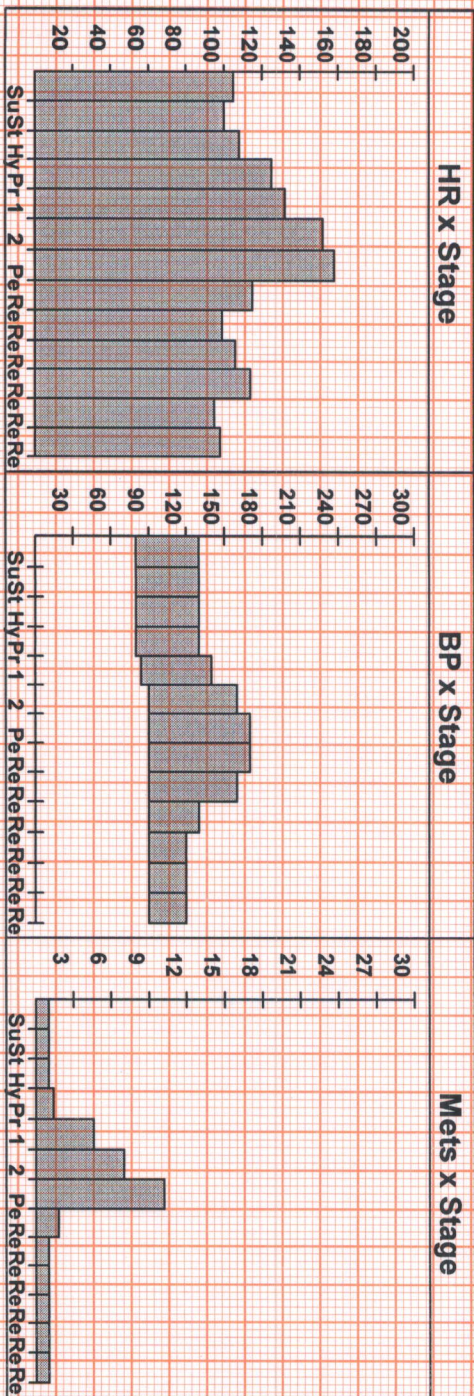
Name: MRS KAVITA LODHA ID: 2134540611

Age: 38 y

Sex: F

Height: 157 cms

Weight: 66 Kgs



Interpretation

FAIR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

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. FAIR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE

Ref. Doctor: .

Doctor: Dr. Anand Motwani

DR. ANAND N. MOTWANI

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C)



MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 0 m 0 s

Stage Time : 1 m 41 s **HR: 97 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P. 130 / 80

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

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

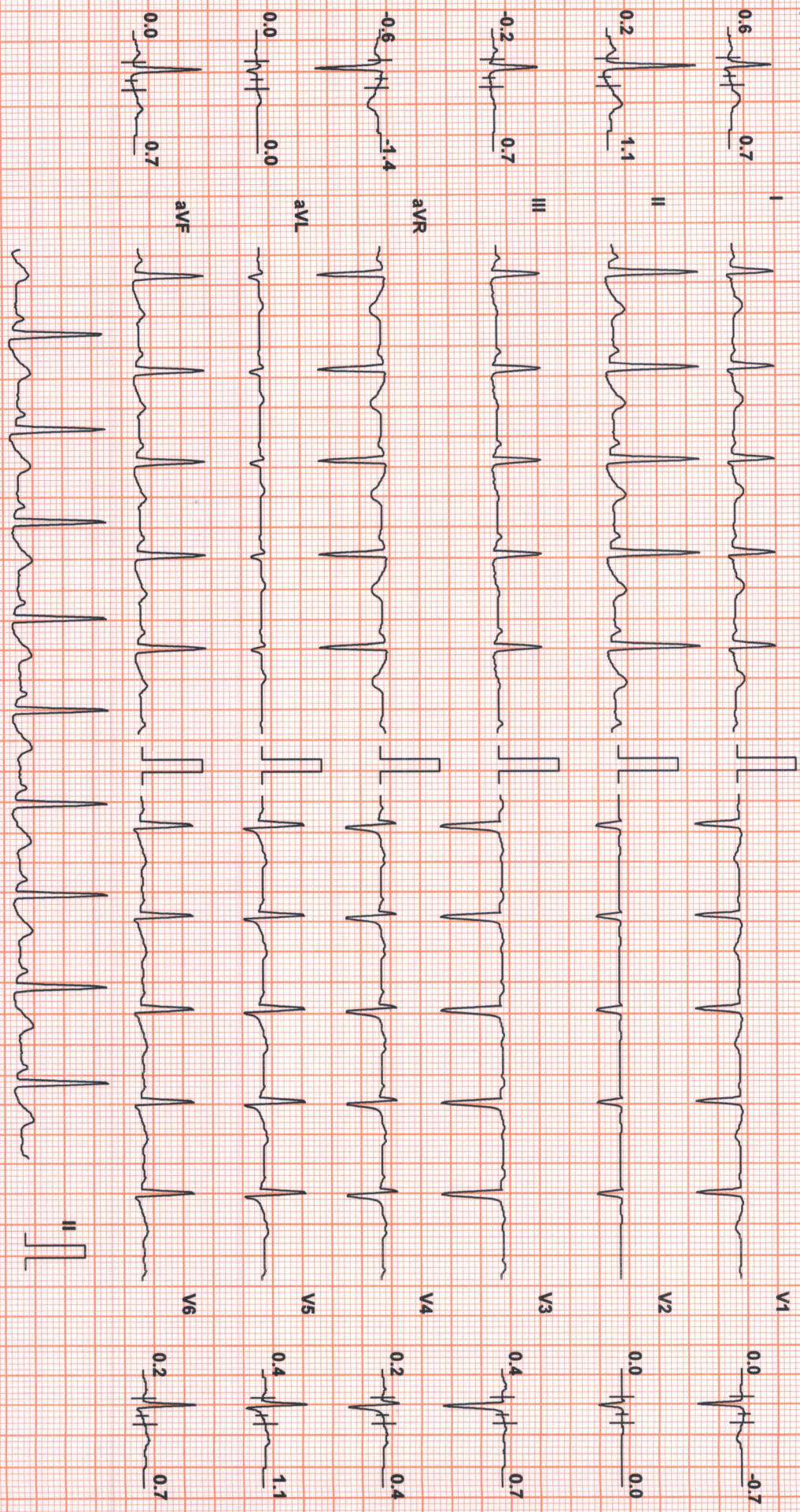


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

Protocol: Bruce

ID: 2134540611

Date: 11-Dec-21

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 98 bpm

SUBURBAN DIAGNOSTICS

Test Report

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 130 / 80

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

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

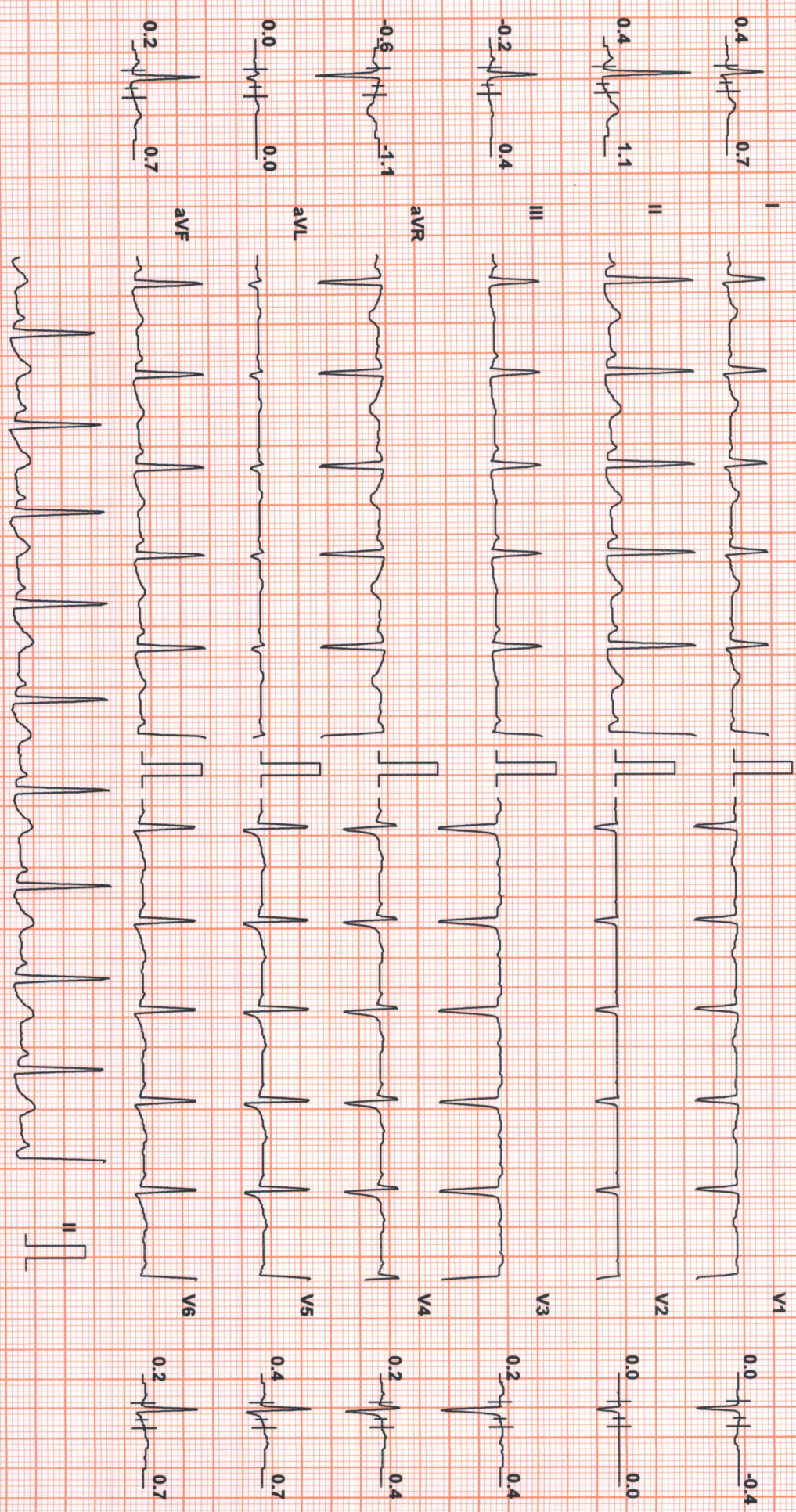


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s **HR: 114 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 130 / 80

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

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

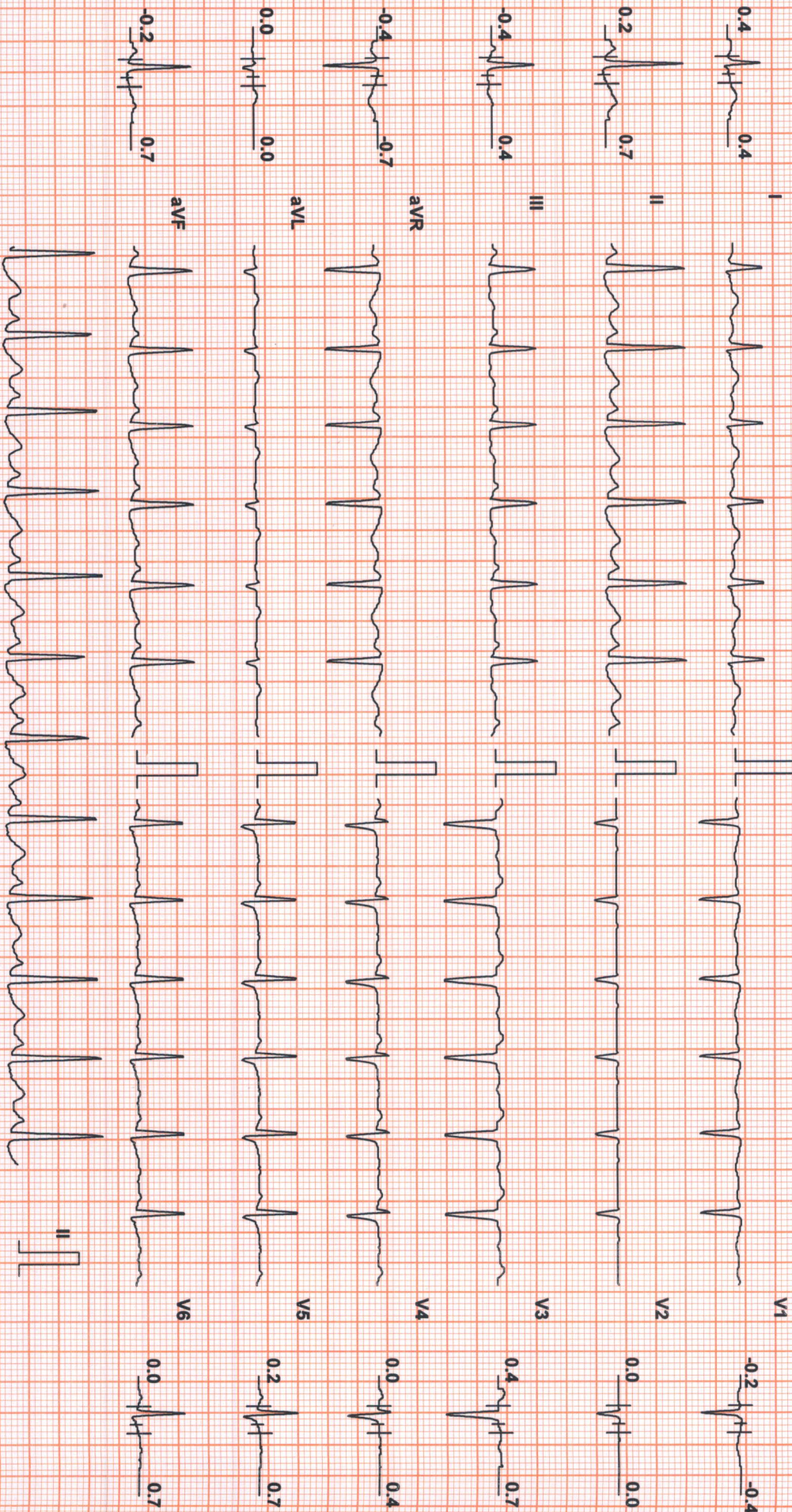


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 154 bpm)

B.P: 140 / 84

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

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

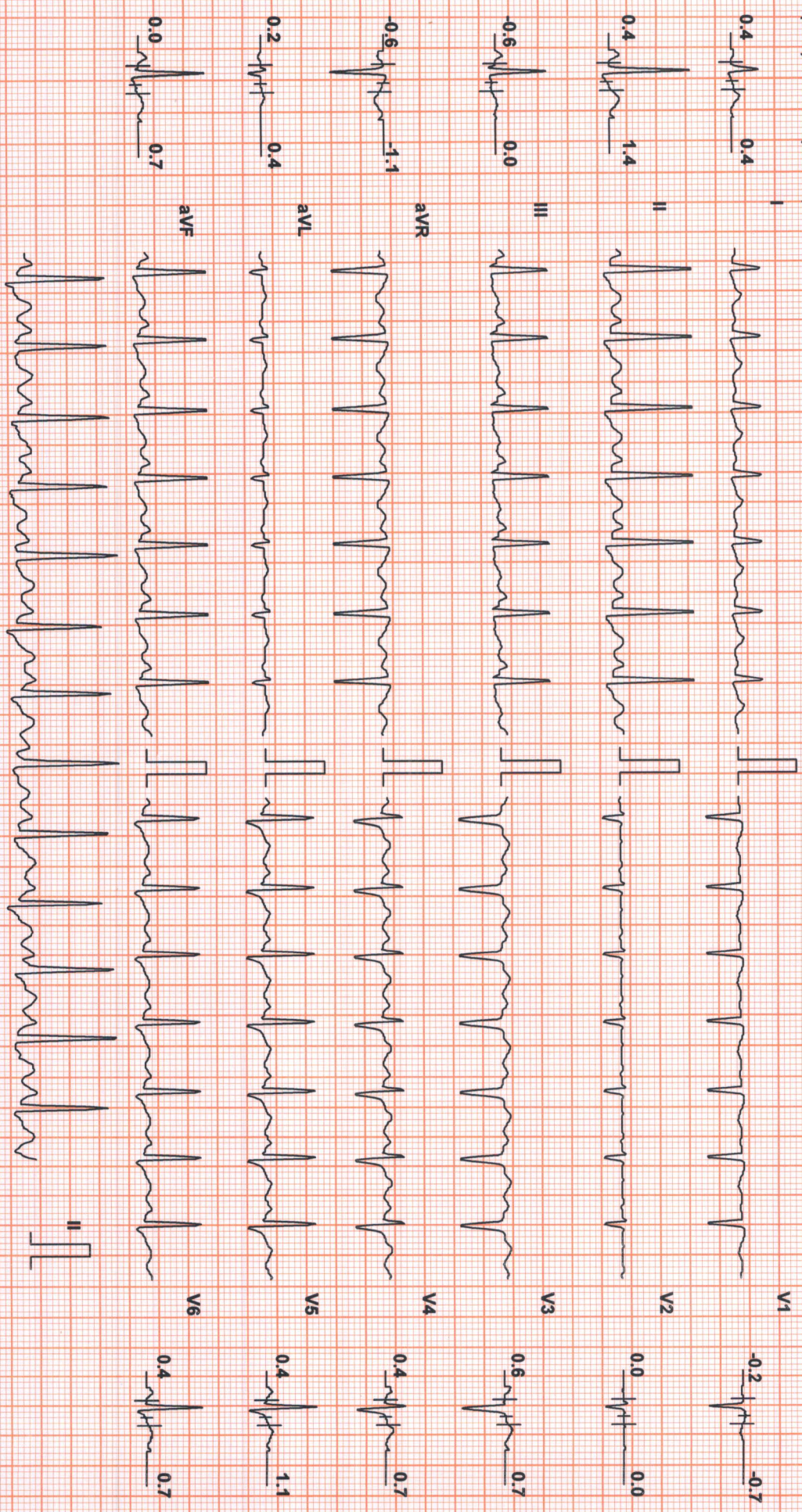


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 154 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 154 bpm)

B.P: 160 / 90

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

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

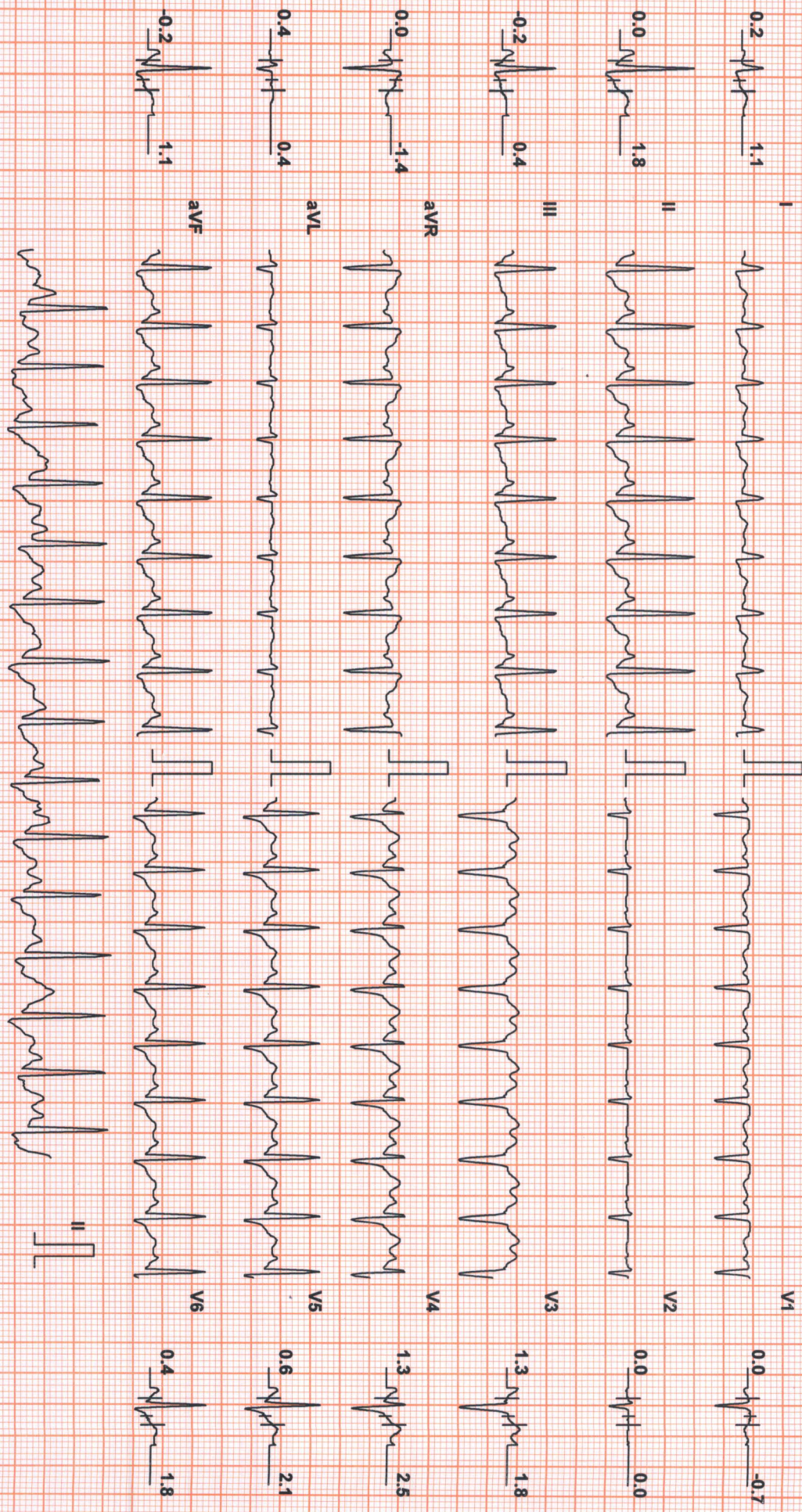


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 20 s Stage Time : 0 m 20 s **HR: 158 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 154 bpm)

B.P: 170 / 90

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

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

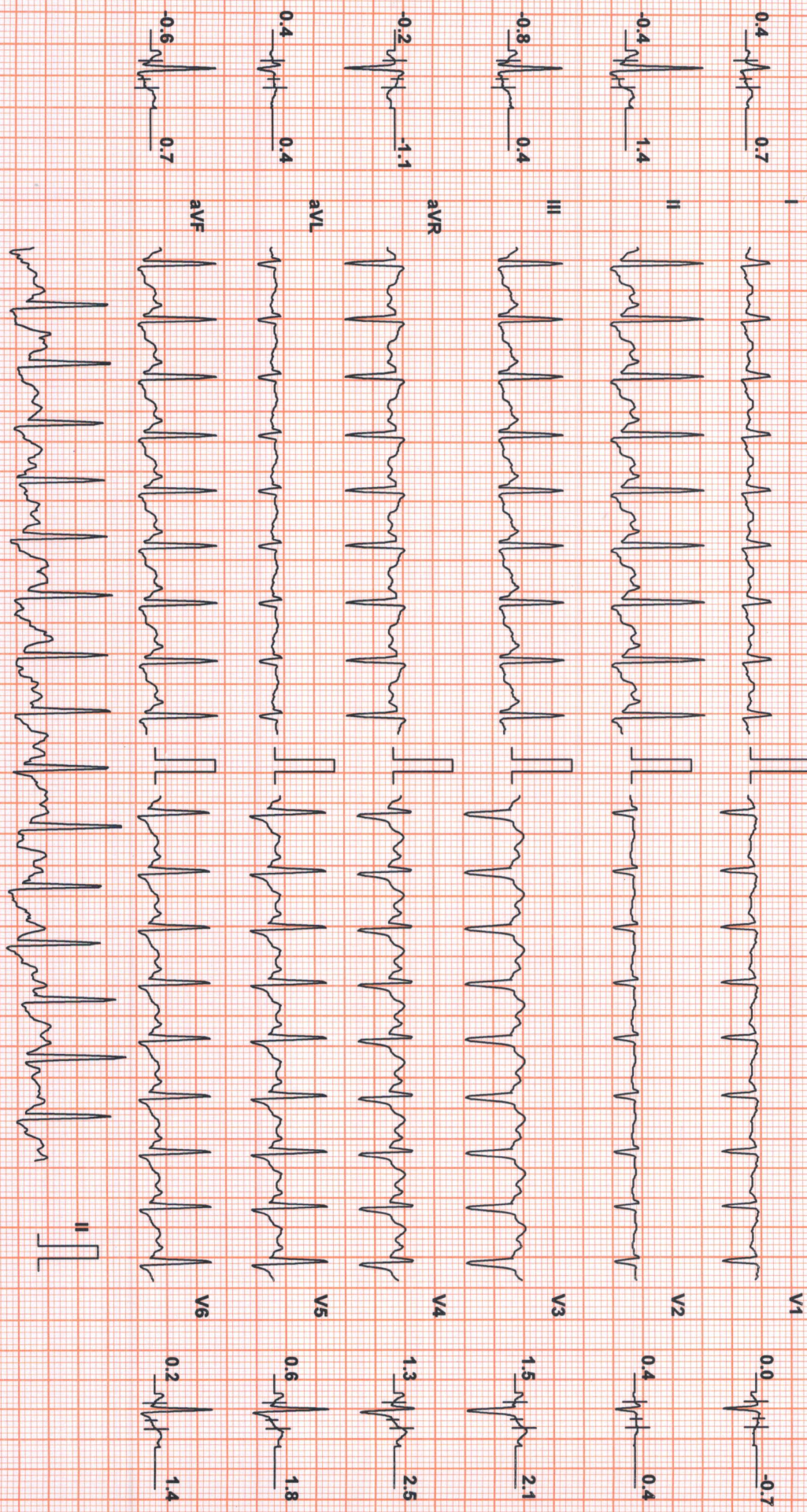


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s **HR: 113 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 154 bpm)

B.P: 170 / 90

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

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

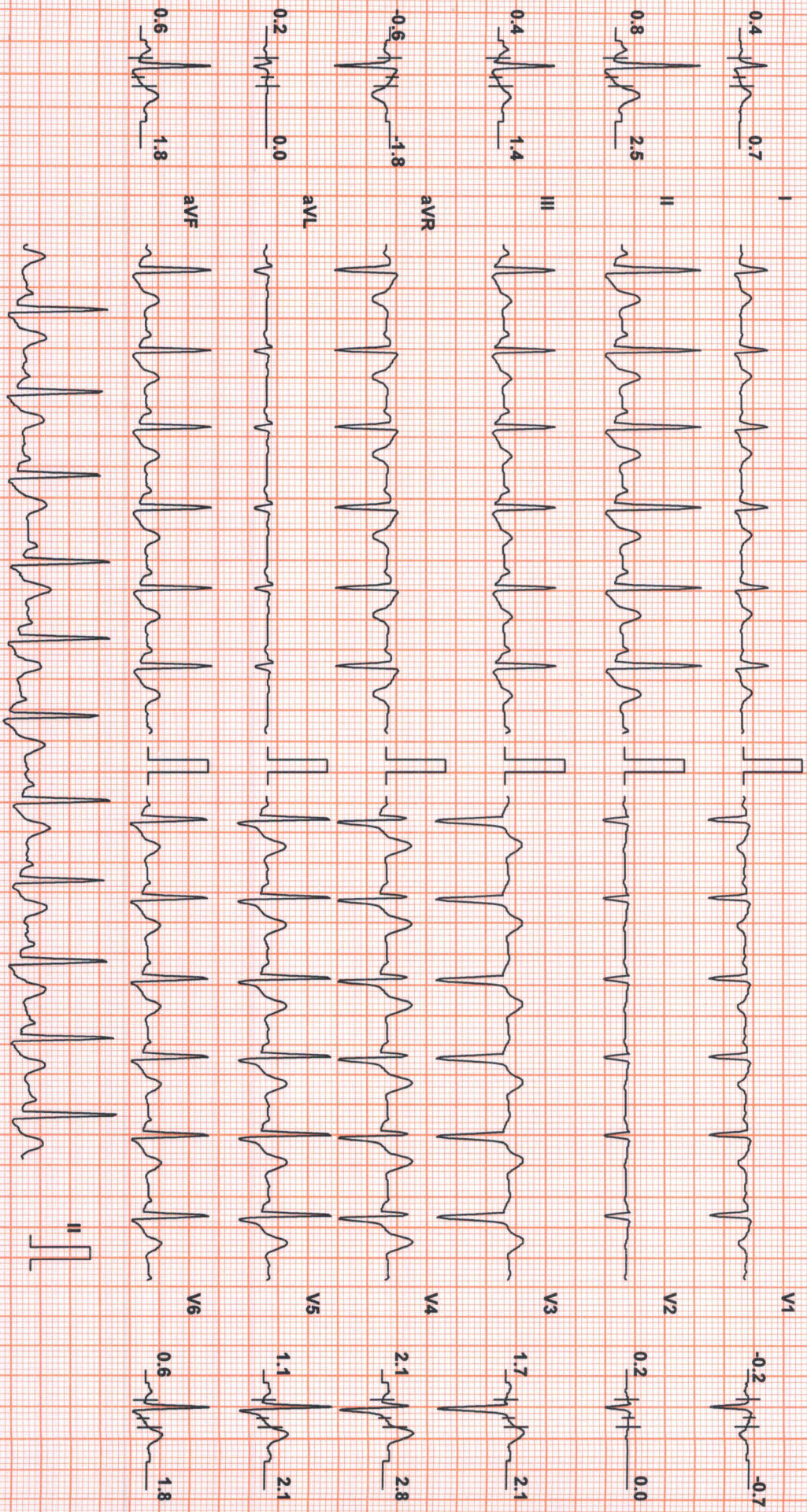


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s HR: 103 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 160 / 90

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

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

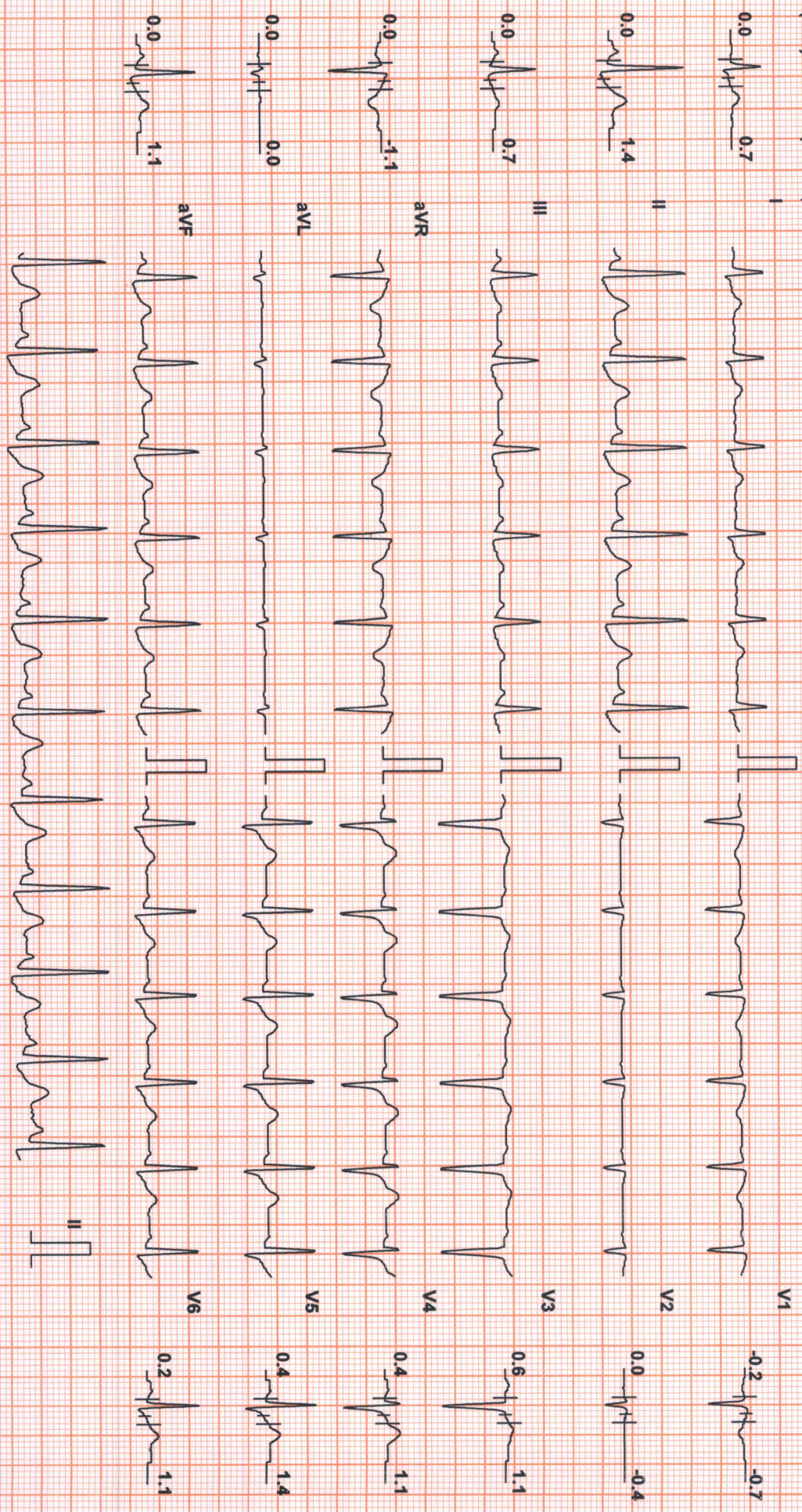


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

Protocol: Bruce

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s **HR: 106 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 130 / 90

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

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

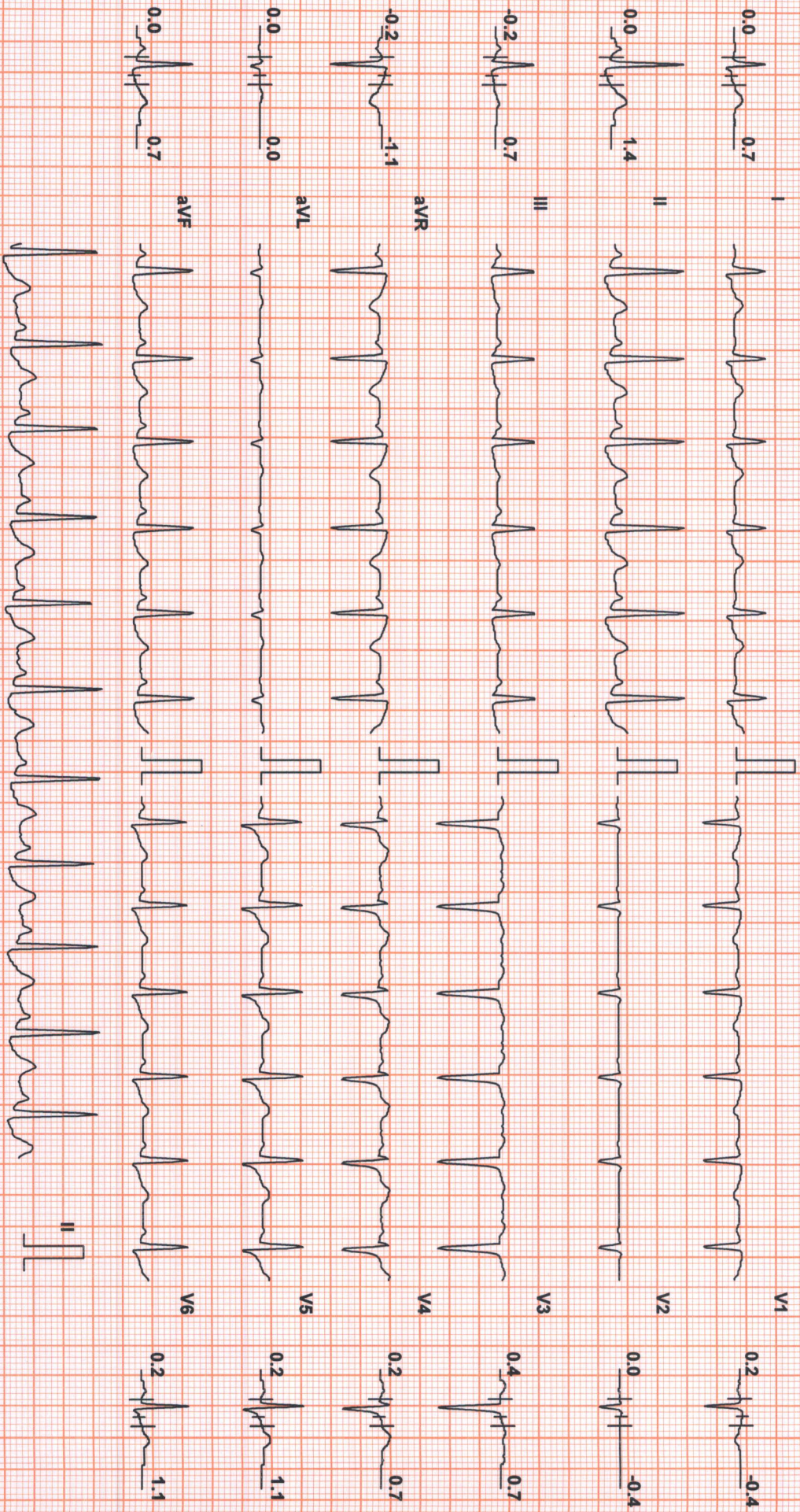


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s HR: 106 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 90

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

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

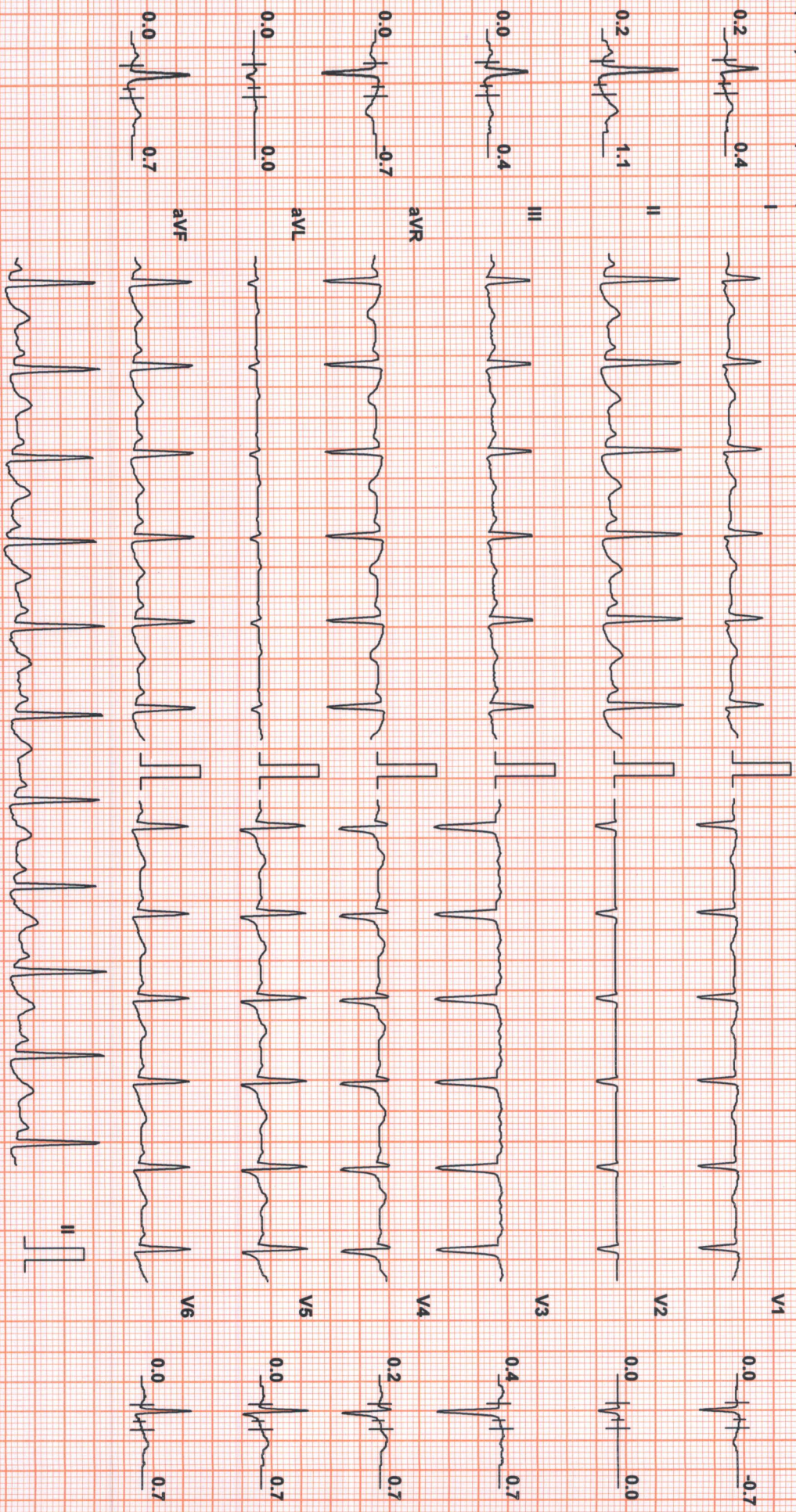


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS KAVITA LODHA (38 F)

Protocol: Bruce

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s HR: 98 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 90

SUBURBAN DIAGNOSTICS

Test Report

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

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

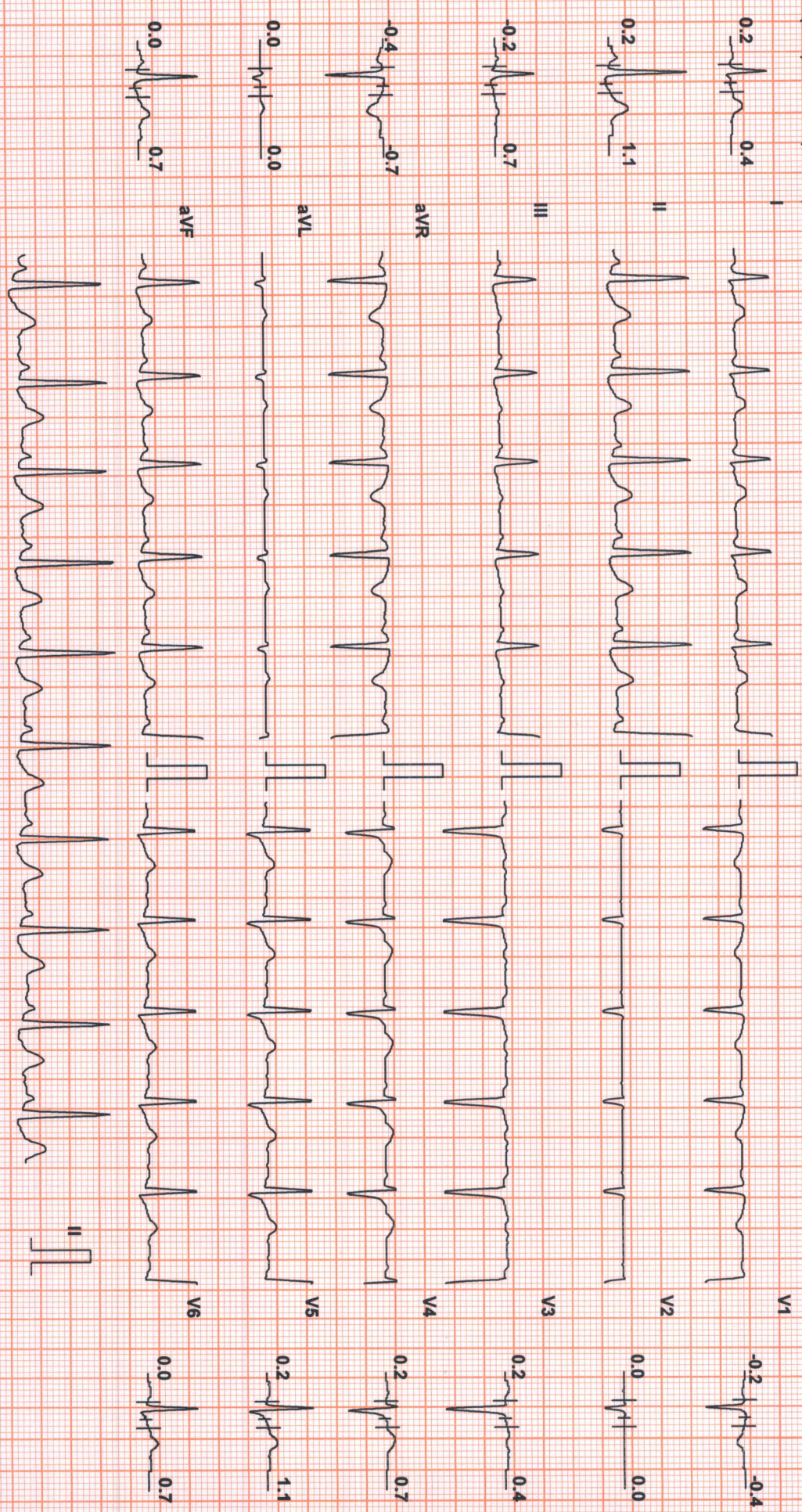


Chart Speed: 25 mm/sec
Schiller Spandart V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R ± 60 ms

Post J = J ± 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS KAVITA LODHA (38 F)

ID: 2134540611

Date: 11-Dec-21

Exec Time : 6 m 26 s Stage Time : 0 m 54 s **HR: 98 bpm**

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 90

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

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

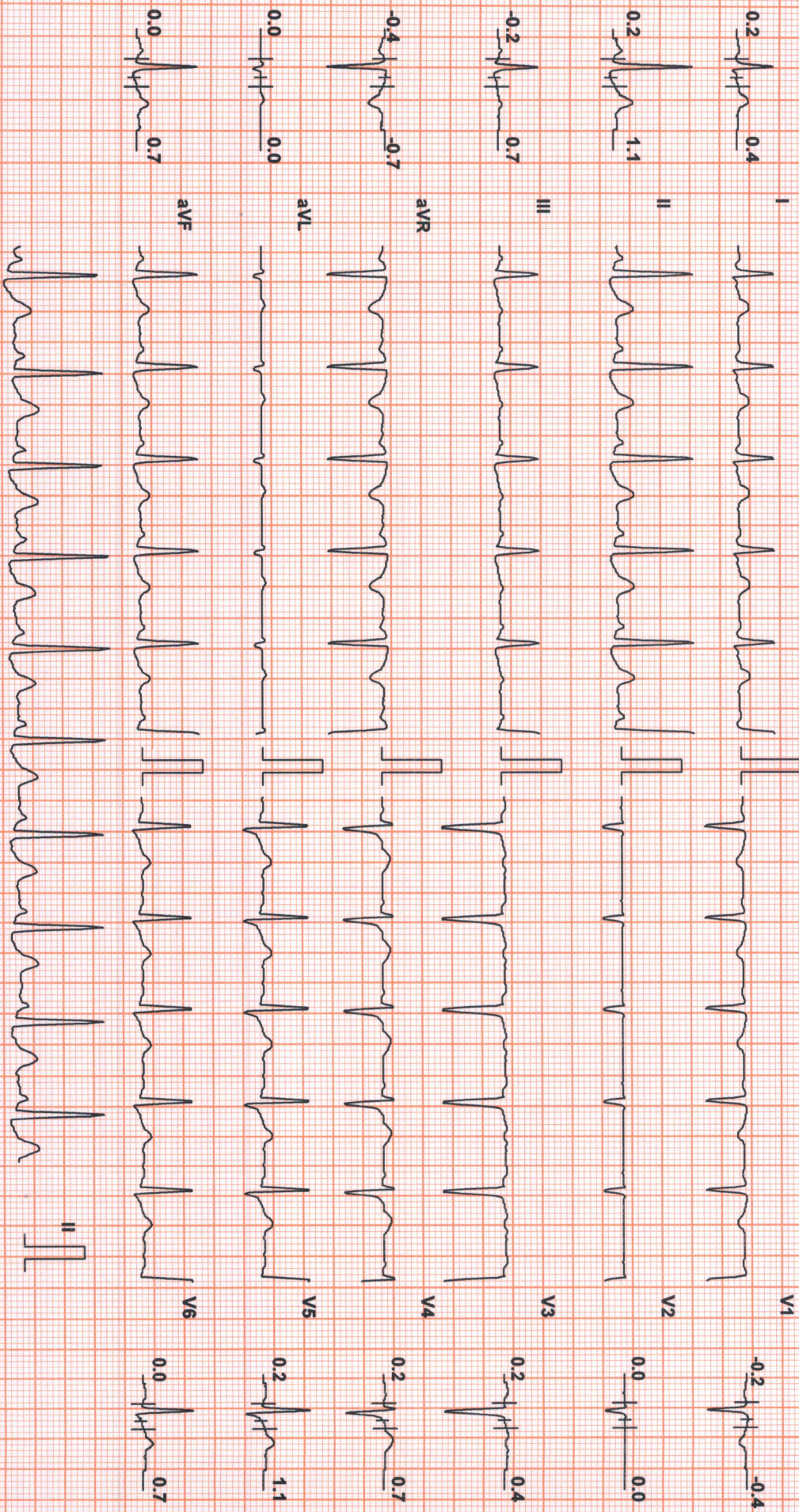


Chart Speed: 25 mm/sec
Schlifer Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median