



CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:17

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	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.79	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.3	36-46 %	Calculated
MCV	73.7	80-100 fl	Measured
MCH	23.8	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8350	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.8	20-40 %	
Absolute Lymphocytes	3156.3	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	400.8	200-1000 /cmm	Calculated
Neutrophils	55.5	40-80 %	
Absolute Neutrophils	4634.3	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	158.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
*BC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	290000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	12.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 14:54

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Sedimentation

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



MC-2111

J Thakker

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



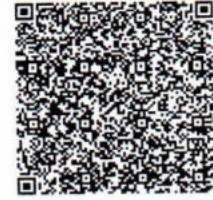
CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:20

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	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	15.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 16:11

eGFR, Serum	130	>60 ml/min/1.73sqm	Calculated
-------------	-----	--------------------	------------

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Enzymatic
------------------	-----	---------------	-----------

Urine Sugar (Fasting)	Absent	Absent
-----------------------	--------	--------

Urine Ketones (Fasting)	Absent	Absent
-------------------------	--------	--------

Urine Sugar (PP)	Absent	Absent
------------------	--------	--------

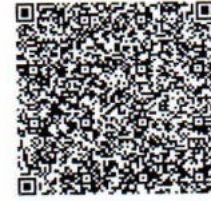
Urine Ketones (PP)	Absent	Absent
--------------------	--------	--------

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



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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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

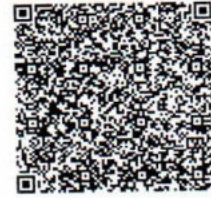
*** End Of Report ***



J. Thakker

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 14:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



J. Thakker

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	0-1	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	15-20	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

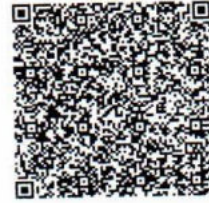
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West



Anupa

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

Authenticity Check

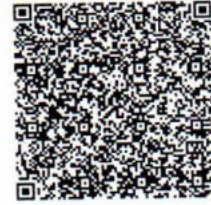


Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected :
Reported :

*** End Of Report ***



Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:11

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



J. Thakker

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



CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:20

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	55.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.0	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	10.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



MC-2111

J. Thakker

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



CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:20

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.0	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	4.55	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

CID : 2309821922
Name : MRS.PURNIMA PUJARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)



Collected : 08-Apr-2023 / 09:50
Reported : 08-Apr-2023 / 13:20

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

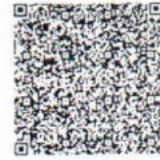
1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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

J. Thakker

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





Use a QR Code Scanner
Application To Scan the Code

CID : 2309821922
Name : Mrs PURNIMA PUJARI
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 14:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.5cm), 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 9.7 x 3.6cm. Left kidney measures 9.2 x 4.5cm.

SPLEEN:

The spleen is normal in size (9.3cm) and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.

It measures 6.7 x 4.8 x 4.2cm in size.

The endometrial thickness is 6.4mm.

OVARIES:

Both the ovaries are well visualised and appears normal.

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

The right ovary measures 3.1 x 3.0 x 1.8cm. and ovarian volume is 9.1cc.

The left ovary measures 2.6 x 2.4 x 1.9cm. and ovarian volume is 6.4cc.

Click

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040809423769>



CID : 2309821922
Name : Mrs Purnima Pujari
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 13:15

Use a QR Code Scanner
Application To Scan the Code

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sionNo=2023040809423778

Page no 1 of 1

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 08-Apr-23 **Time:** 12:27:27
Name: PURNIMA PUJARI **ID:** 2309821922
Age: 36 y **Sex:** F **Height:** 144 cms **Weight:** 63 Kgs
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 6 m 15 s **Max. HR:** 141 (77% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 21150 mmHg/min **Min. BP x HR:** 5360 mmHg/min
Test Termination Criteria: Fatigue

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 : 10	1.0	0	0	67	110 / 80	0.00 I	0.00 II
Standing	0 : 6	1.0	0	0	67	110 / 80	-0.64 III	0.71 I
Hyperventilation	0 : 13	1.0	0	0	83	110 / 80	-0.64 III	0.71 I
1	3 : 0	4.6	1.7	10	105	120 / 80	-1.49 III	-1.06 III
2	3 : 0	7.0	2.5	12	141	130 / 80	-2.12 II	1.42 II
Peak Ex	0 : 15	10.2	3.4	14	140	150 / 80	-2.12 II	1.06 I
Recovery(1)	1 : 0	1.8	1	0	102	130 / 80	-2.12 II	2.83 II
Recovery(2)	1 : 0	1.0	0	0	83	120 / 80	-1.27 III	1.06 I
Recovery(3)	0 : 11	1.0	0	0	89	110 / 80	-1.06 III	0.71 I

Interpretation

FAIR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE, THR NOT ACHIEVED, TEST STOPPED DUE TO FATIGUE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS INCONCLUSIVE FOR STRESS INDUCIBLE ISCHAEMIA i/v/o THR NOT ACHIEVED

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.: 2004/062468

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS

Test Report

PURNIMA PUJARI (36 F)

ID: 2309821922

Date: 08-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 67 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 80

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

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

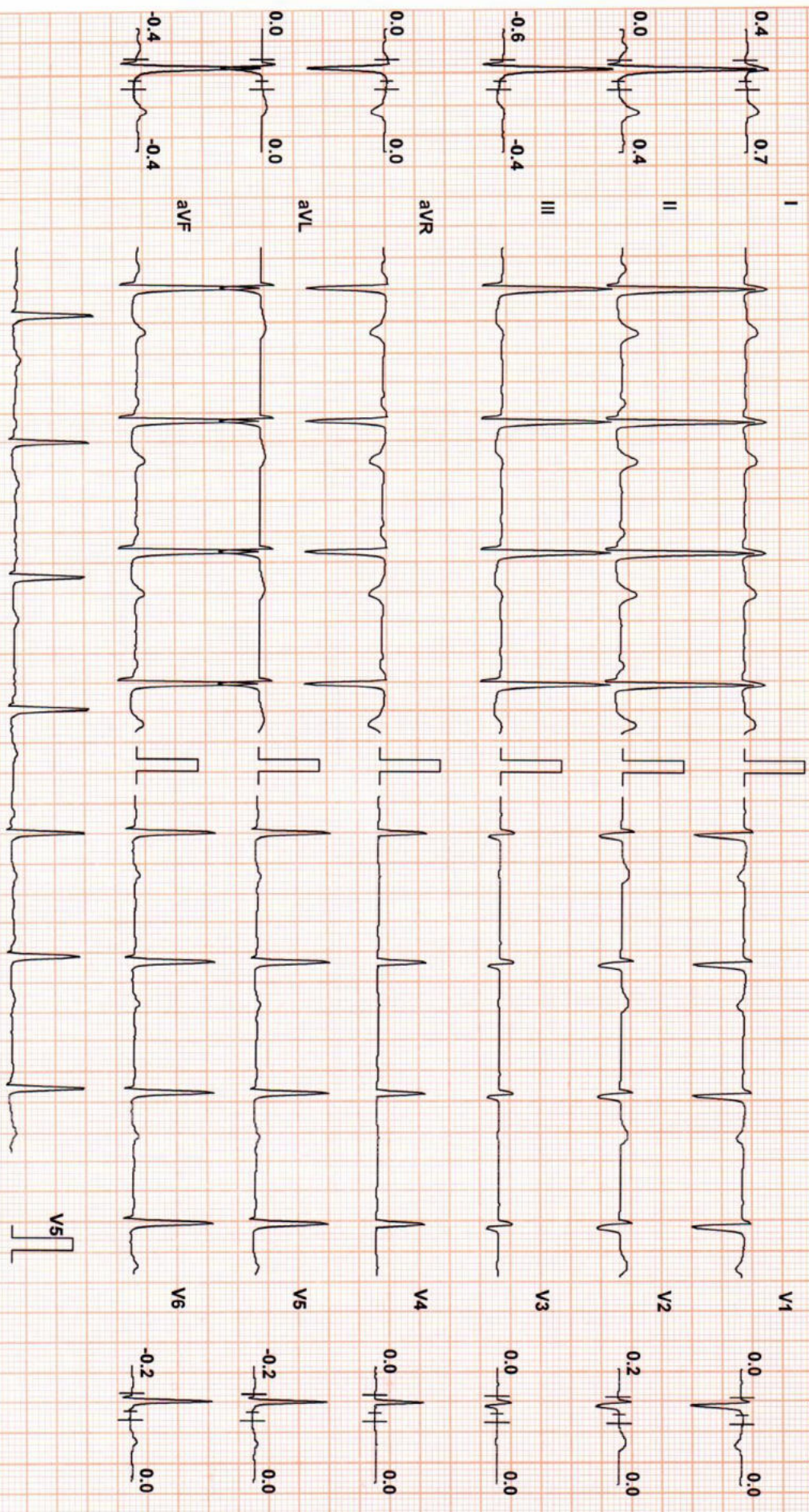


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 74 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

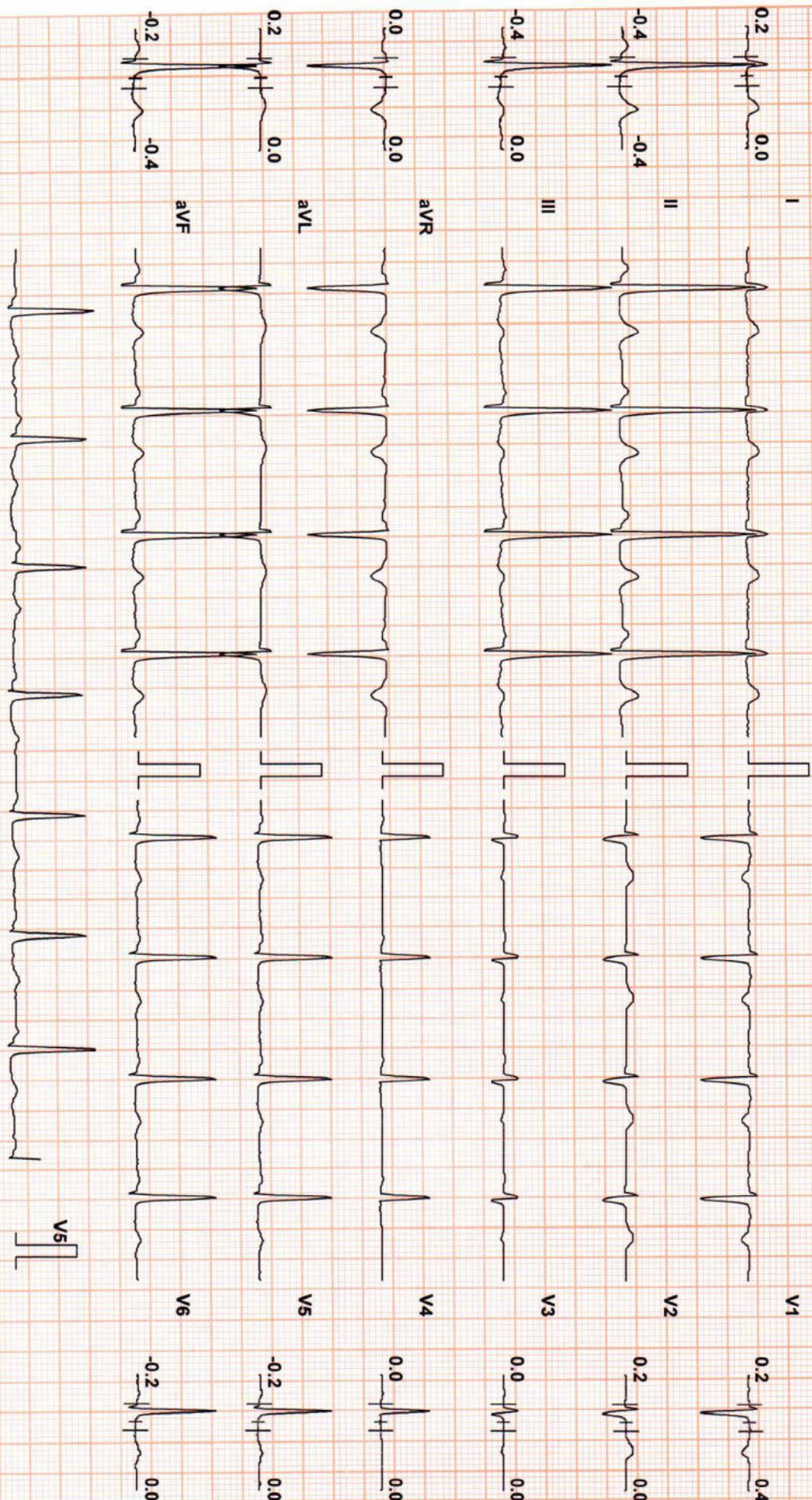


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 93 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 80

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

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

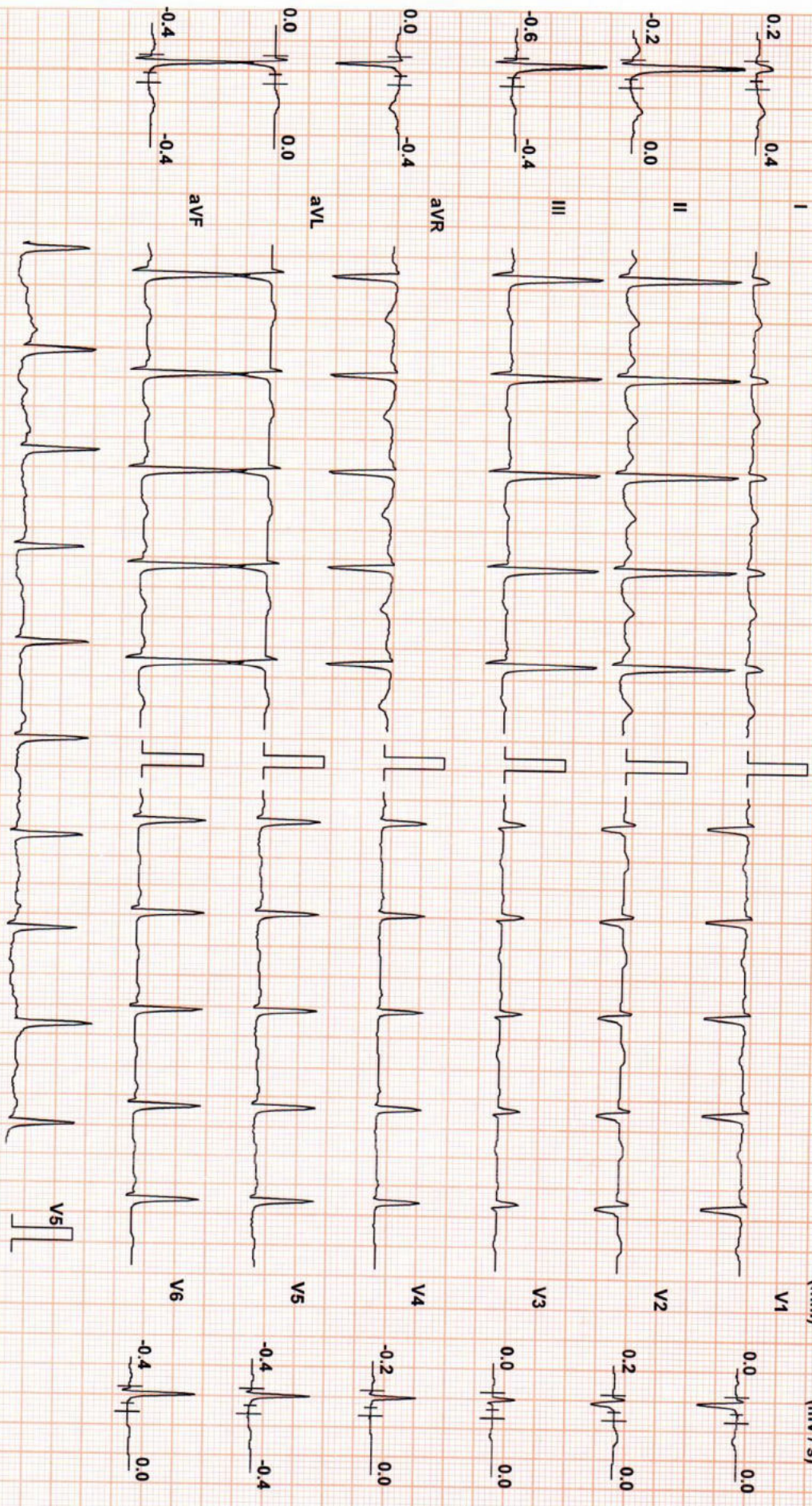


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 104 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

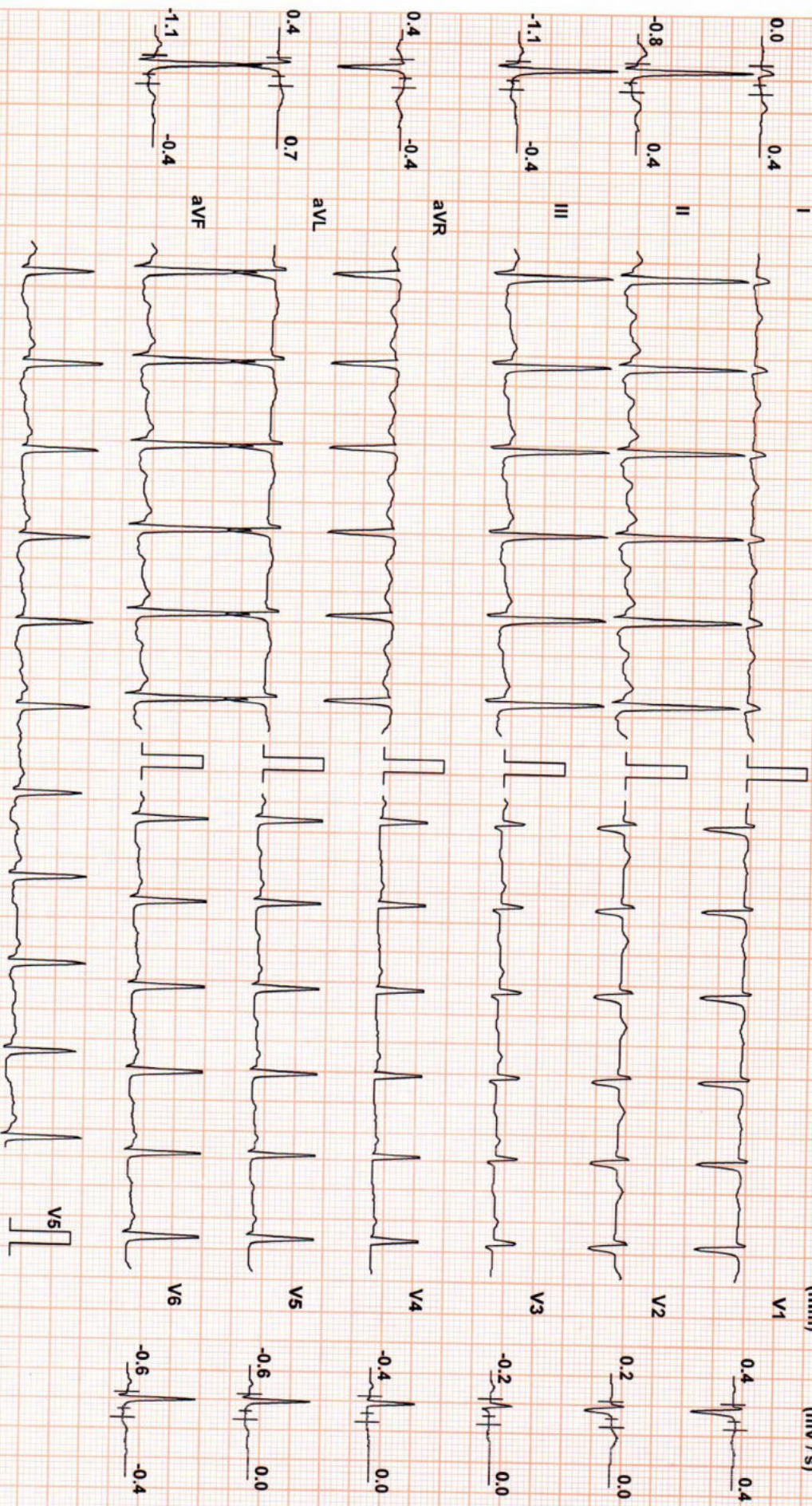


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.7

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 140 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

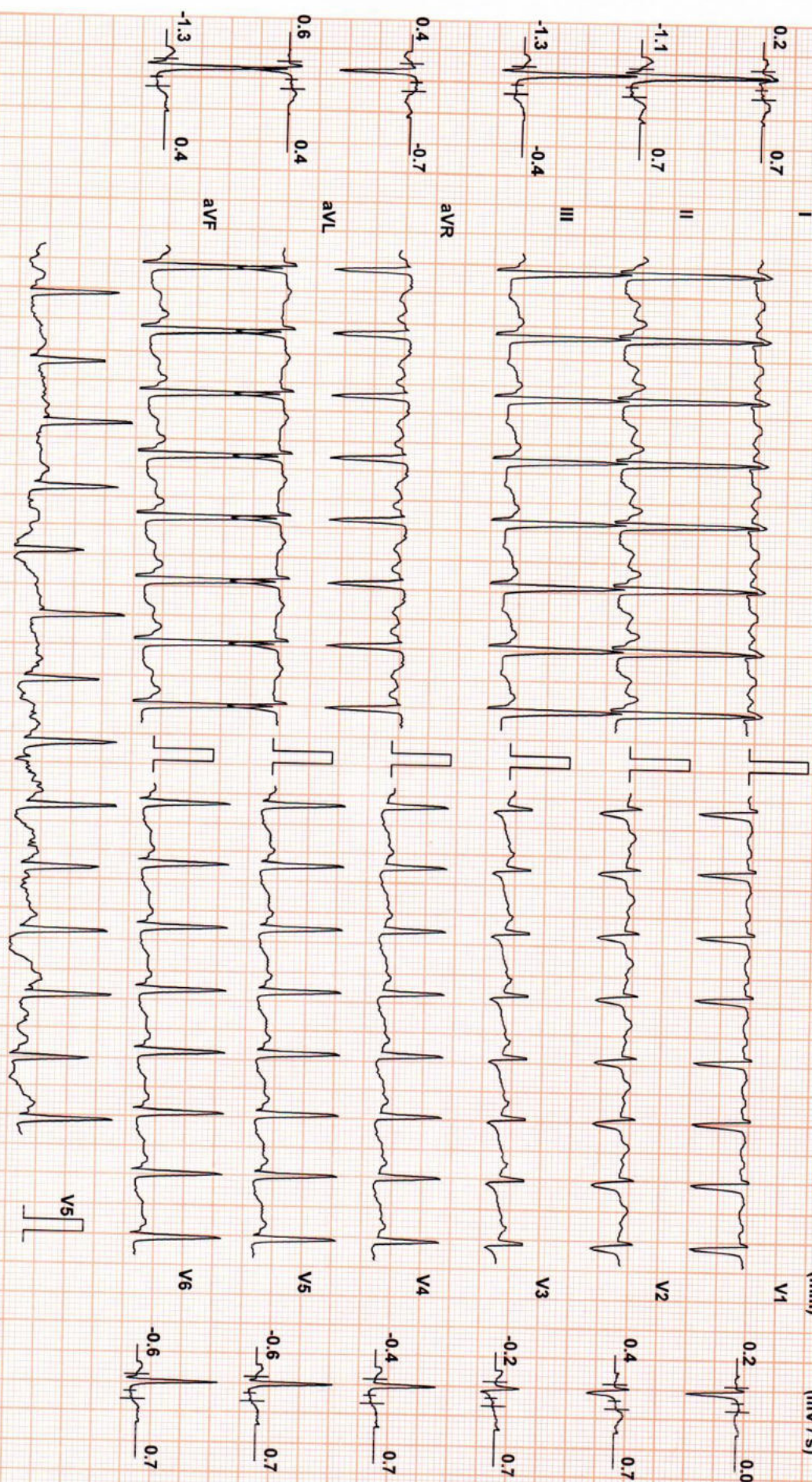


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 6 m 9 s

Stage Time : 0 m 9 s

HR: 139 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P.: 150 / 80

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

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

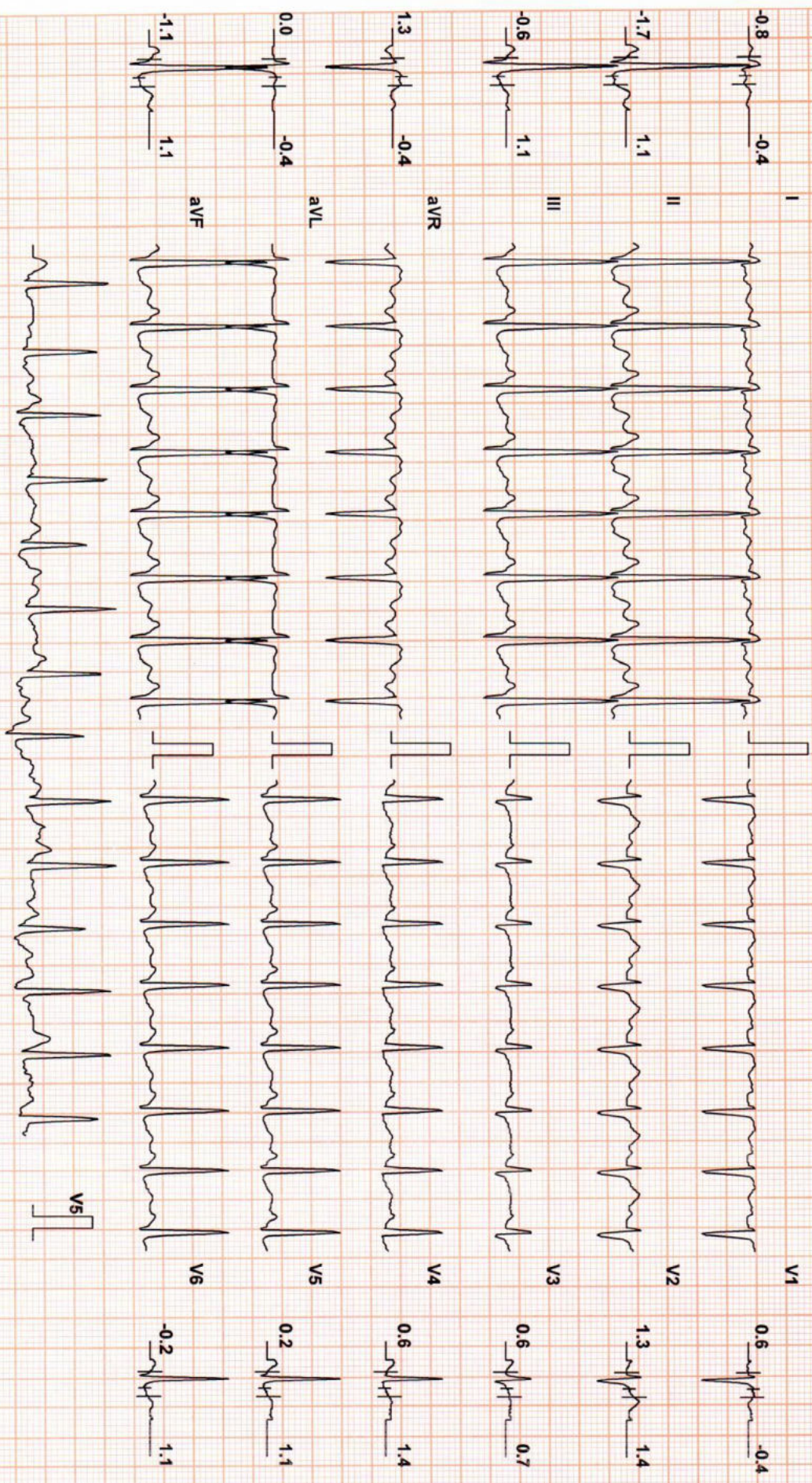


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 6 m 15 s Stage Time : 0 m 54 s HR: 105 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

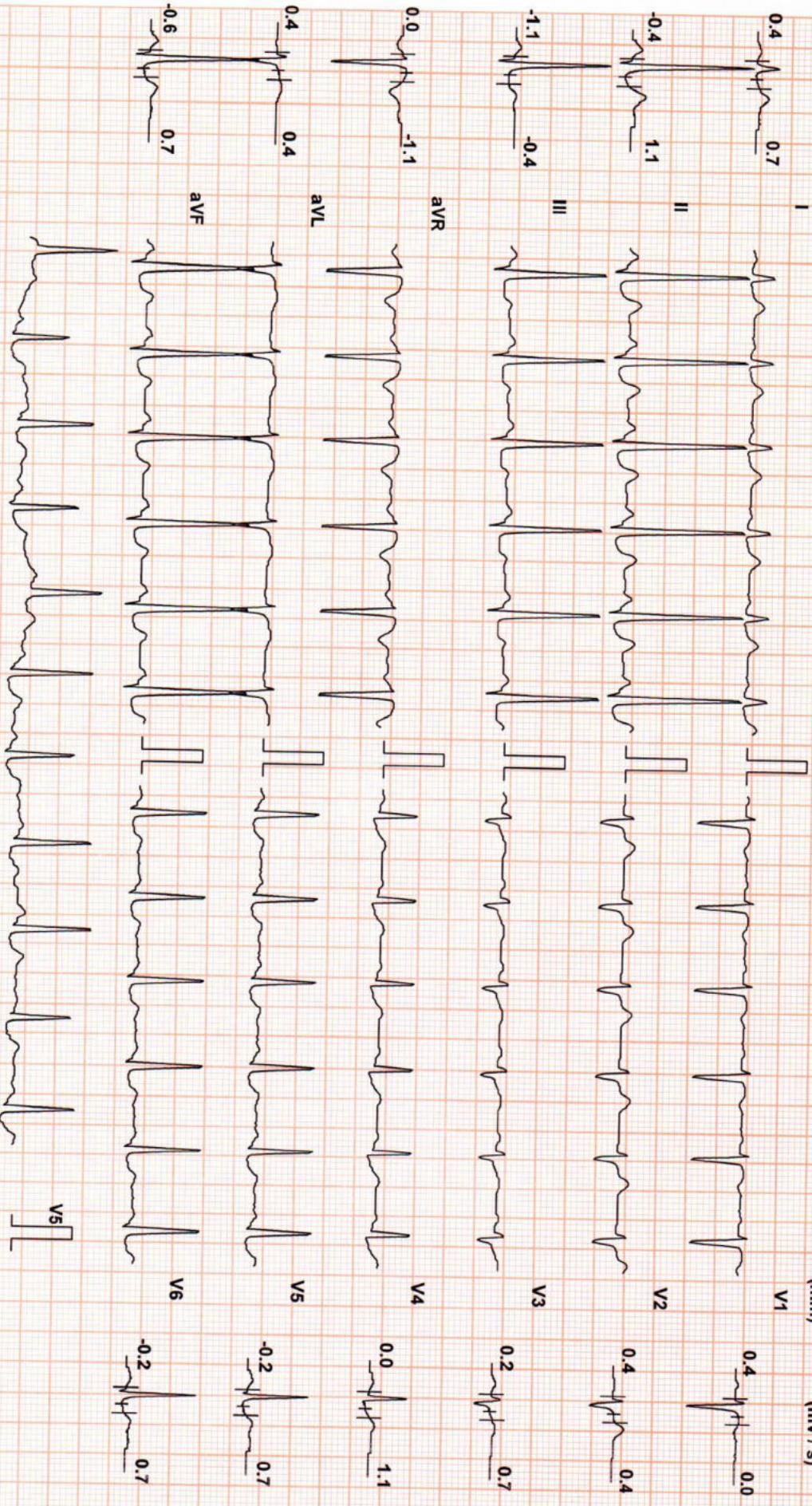


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 6 m 15 s Stage Time : 0 m 54 s HR: 85 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

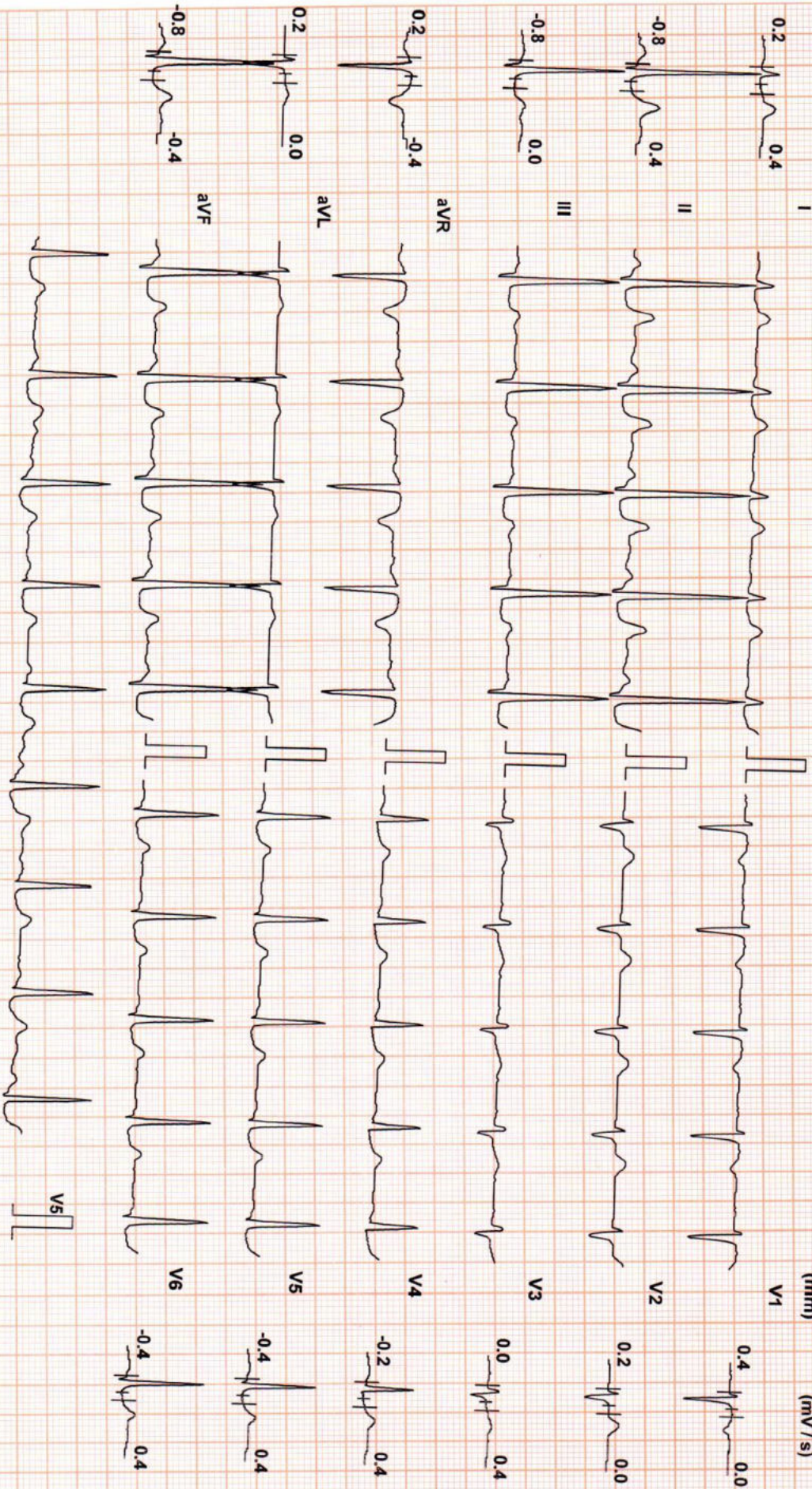


Chart Speed: 25 mm/sec
Schlier Standan V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2309821922

Date: 08-Apr-23

Exec Time : 6 m 15 s Stage Time : 0 m 5 s

Test Report

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 80

HR: 84 bpm

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

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

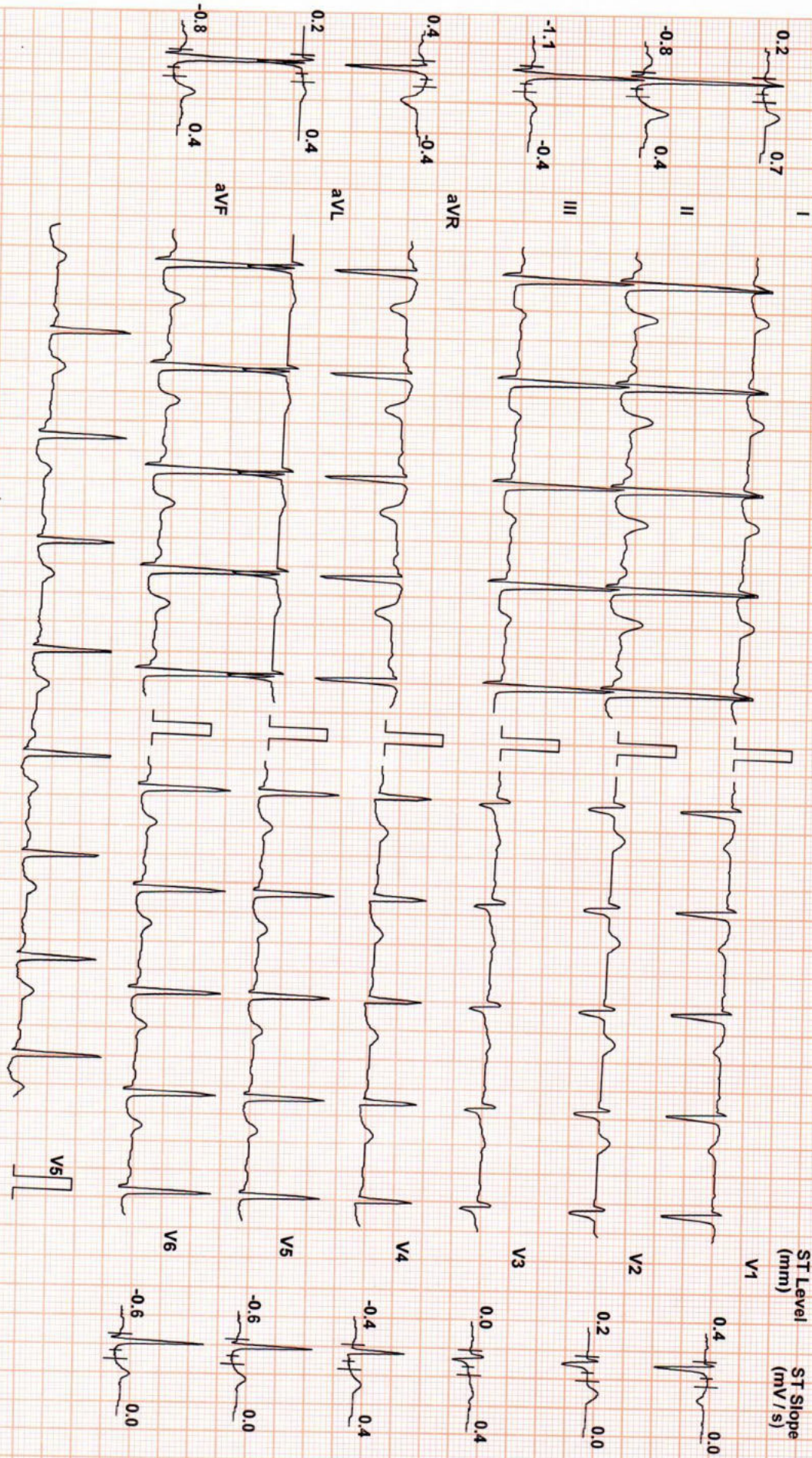


Chart Speed: 25 mm/sec
Schlier-Scanlan V4.7

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 - ANDHRA WEST

Patient Name: PURNIMA PUJARI
Patient ID: 2309821922

Date and Time: 8th Apr 23 11:19 AM



PRECISE TESTING • HEALTHIER LIVING

Age 36 years 3 months 28 days

Gender Female

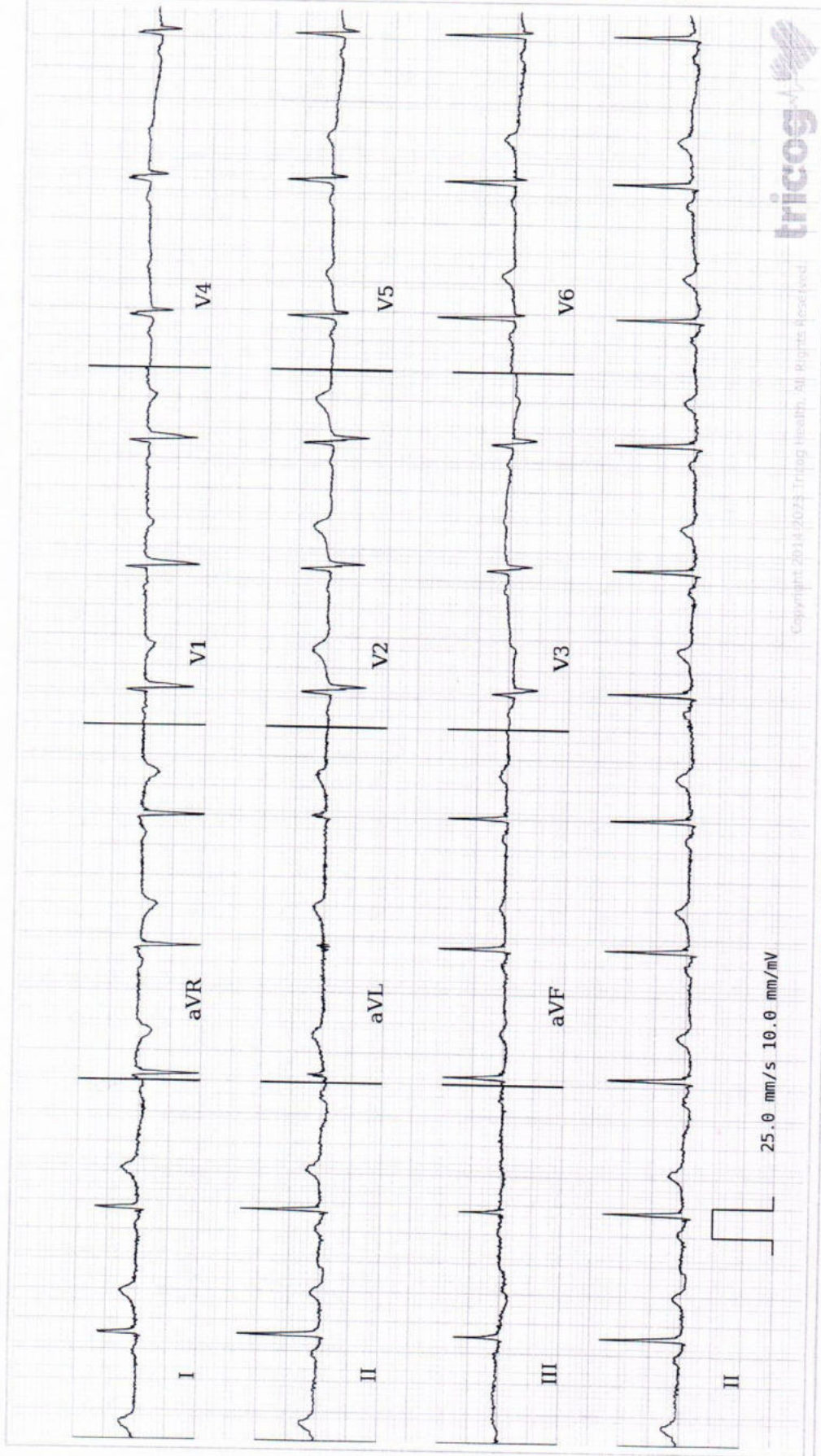
Heart Rate 69bpm

Patient Vitals

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

Measurements

QRSD: 68ms
QT: 400ms
QTcB: 428ms
PR: 142ms
P-R-T: 55° 62° 20°



Copyright 2014-2023, Trilog Health. All Rights Reserved.

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

REPORTED BY

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Name : Mrs . Purnima Pujari
VID : 2309821922
Ref By : Arcofemi Healthcare Limited

Reg Date : 08-Apr-2023 09:41
Age/Gender : 36 Years
Regn Centre : Andheri West (Main Centre)

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	144 cms	Weight (kg):	63 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110 / 80	Nails:	Normal
Pulse:	64 / min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and spleen not palpable
CNS: NAD

IMPRESSION:

Free T4=11.0 pmol (mildly low),
Stress test is inconclusive in view of THR not achieved,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO
5) Tuberculosis	NO
6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO

Name : Mrs . Purnima Pujari
VID : 2309821922
Ref By : Arcofemi Healthcare Limited
Reg Date : 08-Apr-2023 09:41
Age/Gender : 36 Years
Regn Centre : Andheri West (Main Centre)

-
- 15) Congenital disease NO
 - 16) Surgeries H/O Surgery for tubal ligation
 - 17) Musculoskeletal System NO

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet MIXED
- 4) Medication NO

Sangeeta Manwani

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