

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA




PRIYANKA TAKSALI
SURAJ MAL TAKSALI

25/11/1986
Permanent Account Number

AGQPT0703M

Priyanka Taksali
Signature

Medical check up
S. U. Sonavane



30012008

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

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

CID# : 2301525529
Name : MRS.PRIYANKA TAKSALI
Age / Gender : 36 Years/Female
Consulting Dr. : -
Reg.Location : Borivali West (Main Centre)

Collected : 15-Jan-2023 / 09:44
Reported : 16-Jan-2023 / 16:12

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 171cm
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/80mmhg
Pulse: 74/min

Weight (kg): 69kg
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:

Normal

ADVICE:

—————

CHIEF COMPLAINTS:

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

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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
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 187714

Dr.NITIN SONAVANE
PHYSICIAN

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.6	20-40 %	Calculated
Absolute Lymphocytes	1687.2	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	Calculated
Absolute Monocytes	404.7	200-1000 /cmm	Calculated
Neutrophils	60.2	40-80 %	Calculated
Absolute Neutrophils	3431.4	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	Calculated
Absolute Eosinophils	176.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	244000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated



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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

2-20 mm at 1 hr.

Sedimentation

ESR, EDTA WB, EDTA WB-ESR 13

*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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.19	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	23.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	59.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	26.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic



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 : 15-Jan-2023 / 15:21

Parameter	Result	Reference Range	Method
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	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 Borivali Lab, Borivali West
 *** End Of Report ***



B. Mhaskar
 Dr. KETAKI MHASKAR
 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	5.4	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.

*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 : 15-Jan-2023 / 09:45
Reported : 15-Jan-2023 / 14:18

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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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



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



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: 15-Jan-2023 / 14:18

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*** End Of Report ***



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Collected : 15-Jan-2023 / 09:45
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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 Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab
 *** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
 Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: \geq 240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	65.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: \geq 500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	48.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.4	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: \geq 190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: \geq 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	13.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



B. Mhaskar
Dr. KETAKI MHASKAR
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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	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	1.71	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 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 Borivali Lab, Borivali West
*** End Of Report ***



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

Date:- 15/1/23
Name:- Priyanka Takkar

CID: 2
Sex / Age: 36/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

}
- NO
→

RE LE
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N/G N/G

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal
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 Lokhandwala Road, Andheri (West),
 Mumbai-400053.

Remark: (M)
D

CID NO: 2301525529		
NAME: MRS.PRIYANKA TAKSALI	AGE: 36 YRS	SEX: F
REF. BY : ----	DATE: 15/01/2023	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 12 mm normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.4 x 3.3 cm. Left kidney measures 11.3 x 3.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size 7.9 cm , shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal and measures 8.3 x 4.7 x5.2 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 9.6 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 1.5 x 2.5 cm.
The left ovary measures 2.1 x 3.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.


Dr. Ravi Kumar, MD
Consultant Radiologist
Reg no.2008041721

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Authenticity Check



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Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Jan-2023
Reported : 16-Jan-2023 / 16:11

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.

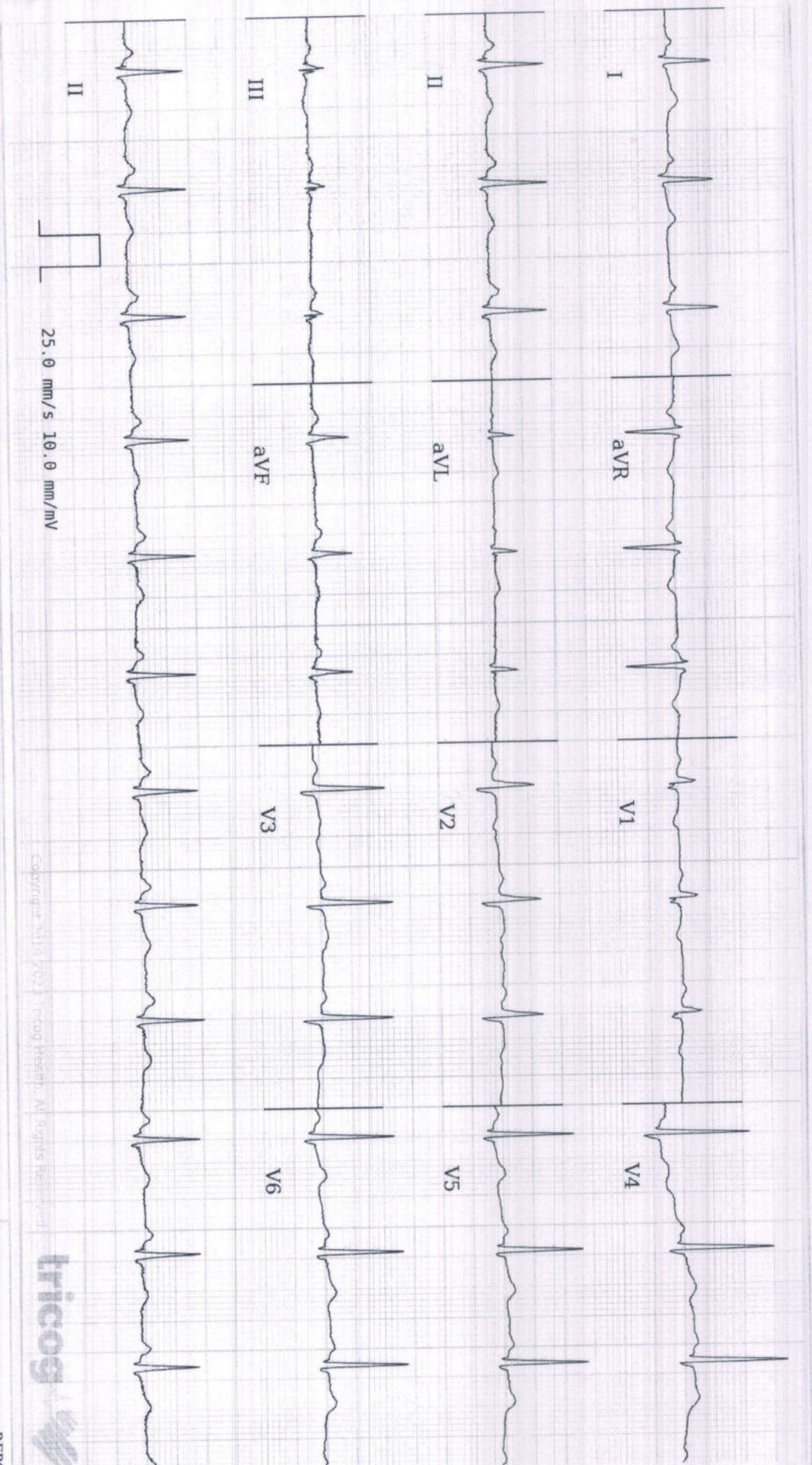
-----End of Report-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Patient Name: **PRİYANKA TAKSALI**
Patient ID: **2301525529**

Date and Time: **15th Jan 23 10:42 AM**



25.0 mm/s 10.0 mm/mV

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Age **36** years

Gender **Female**

Heart Rate **77**

Patient Vitals

BP: **110/8**

Weight: **69 kg**

Height: **171 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **92ms**

QT: **396ms**

QTc: **448ms**

PR: **154ms**

P-R-T: **61°**

REPORTED BY

[Signature]

Dr Nitin Sonavane
M.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

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Lokhandwala Road, Andheri (West),
Mumbai-400053.

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

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

Disclaimer: 1. Analysis in this report is based on 12 lead ECG 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.

Ref. Doctor: -----

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Asteron, Suncervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

Doctor: DR. NITIN SONAVANE

DR. NITIN SONAVANE
M.B.B.SAFER, D.M.B.P. CARD
CONSULTANT-CARDIOLOGIST
REGD NO. 187714

(Summary Report edited by User)
Spandan CS-20 Version: 2.14.0

Interpretation
The Patient Exercised according to Bruce Protocol for 0:07:02 achieving a work level of 7.9 METS.
Resting Heart Rate, initially 85 bpm rose to a max. heart rate of 157bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope m/s
Supine	00:13	1	0	0	85	110/80	9350	0.3 V1	0.6 V3
Standing	00:08	1	0	0	84	110/80	9240	-0.4 II	0.6 V3
Hyper Ventilation	00:07	1	0	0	93	110/80	10230	-3.6 II	0.9 V4
PreTest	00:08	1	1.6	0	120	120/80	14400	1.2 aVR	0.9 V2
Stage: 1	03:00	4.7	2.7	10	142	140/80	19880	-1.2 V3	1.4 V2
Stage: 2	03:00	7	4	12	157	140/80	21980	-1.7 II	0.9 I
Peak Exercise	01:02	7.9	5.5	14	128	160/80	20480	-1.5 V3	-1.3 aVR
Recovery 1	01:00	1	0	0	100	140/80	14000	-0.5 II	0.8 V3
Recovery 2	01:00	1	0	0	90	120/80	10800	0.5 aVR	0.7 V3
Recovery 3	01:00	1	0	0	98	110/80	10780	-0.5 V3	0.7 V3
Recovery 4	01:00	1	0	0	98	110/80	10780	-0.5 V3	0.7 V3

Protocol Details:

Test Details:
 Protocol: Bruce
 Exercise Time: 0:07:02
 Max BP: 160/80
 Achieved Max HR: 157 (85% of Predicted MHR)
 Predicted Max HR: 184
 Target HR: 156
 Max BP x HR: 25120
 Max Mets: 7.9
 Test Termination Criteria: TEST COMPLETE

Clinical History:
Medications:

Name: PRIYANKA TAKSALI
 Age: 36
 Gender: F
 Height: 171 cms
 Weight: 69 Kg
 ID: 2301525529
 Date: 15-01-2023
 Time: 10:48

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLLevel(mm) STSlope(mV/s)

ID: 2301525529

Stage: Supine

Date: 15-01-2023

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:13

THR: 156 bpm

HR: 85 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

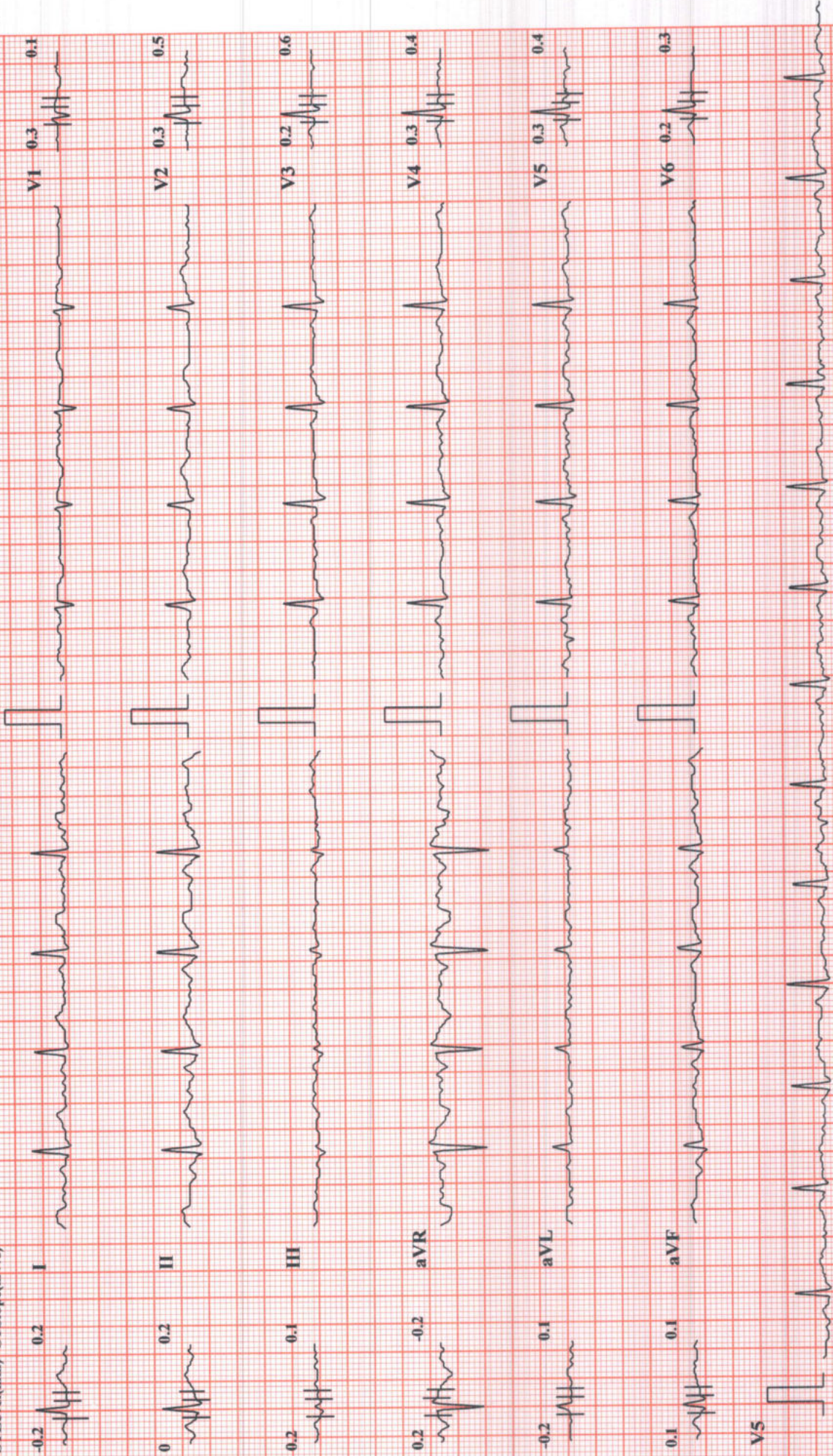


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandian CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Stage: Standing

Date: 15-01-2023

Speed: 0

Exec Time : 0:00:00

Slope: 0 %

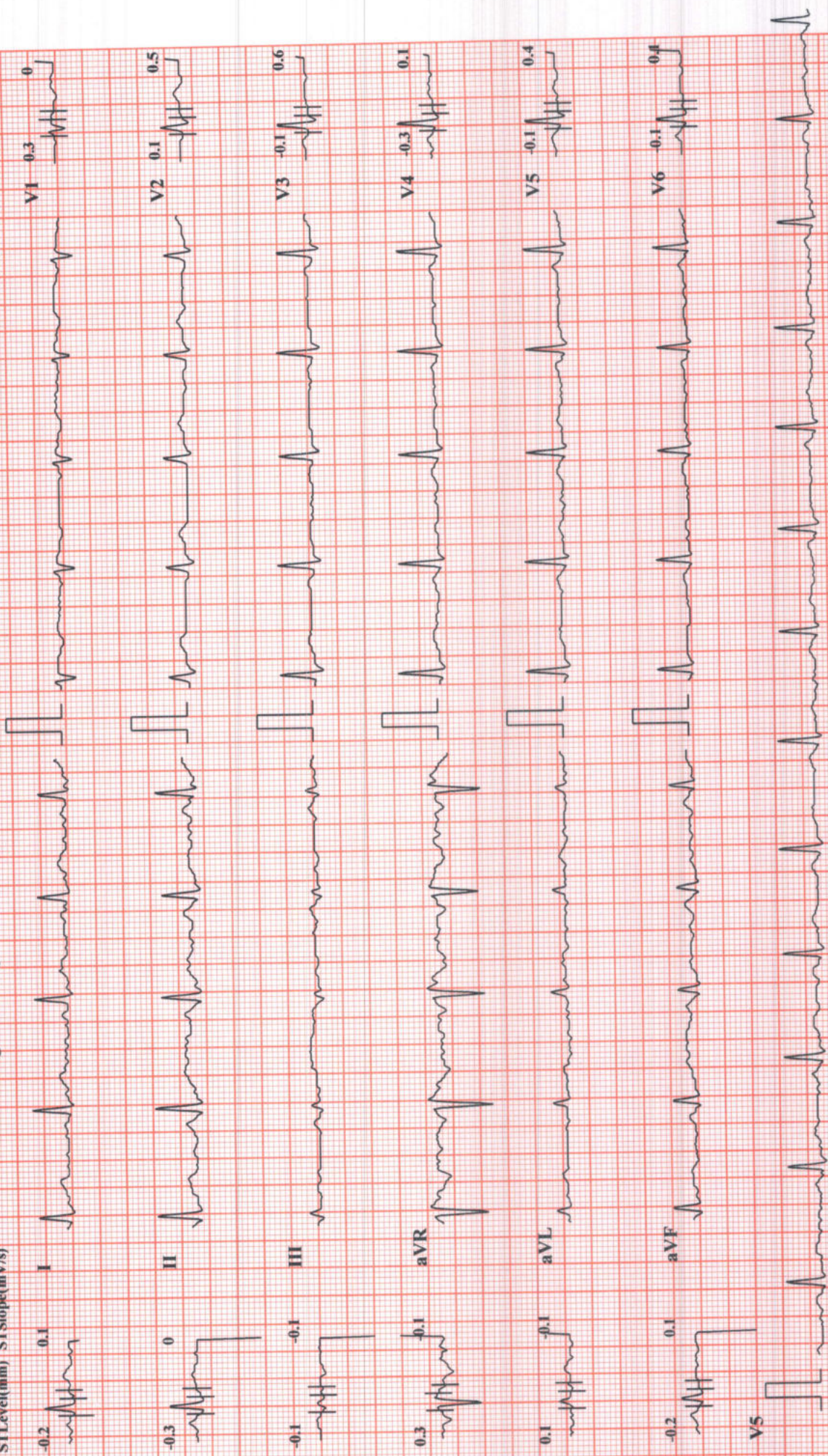
Stage Time: 00:08

THR: 156 bpm

HR: 80 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)





SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 84 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation Speed: 0

Slope: 0 %

THR: 156 bpm

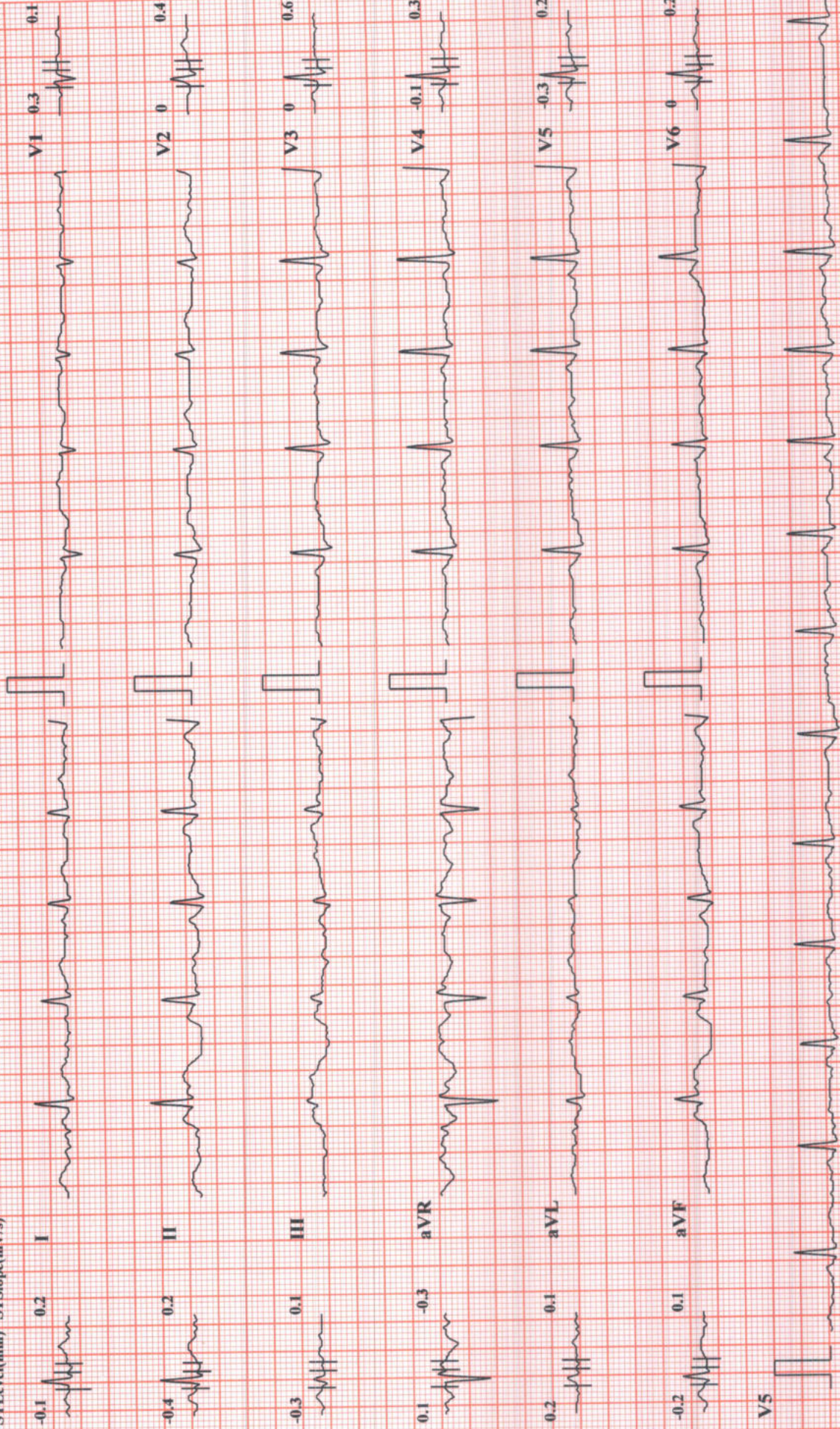


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version. 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Stage: I

Speed: 2.7 kmph

Exec Time: 0:03:00

Stage Time: 03:00

Slope: 10%

THR: 156 bpm

HR: 120 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

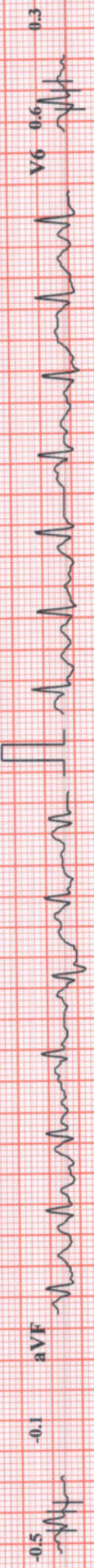
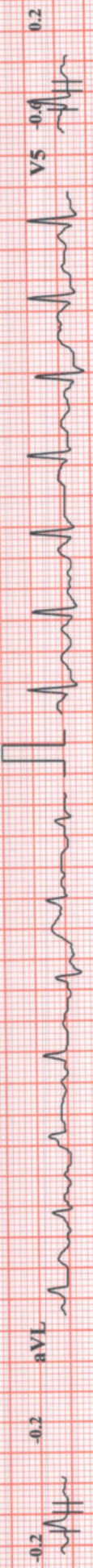
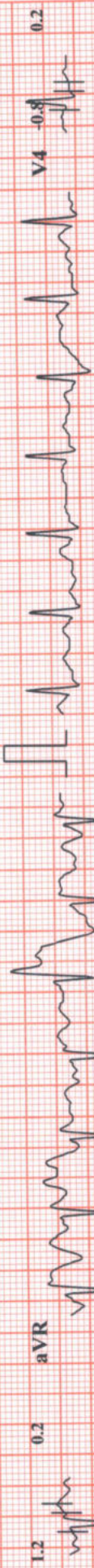
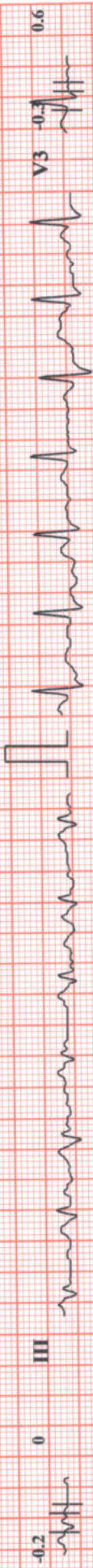
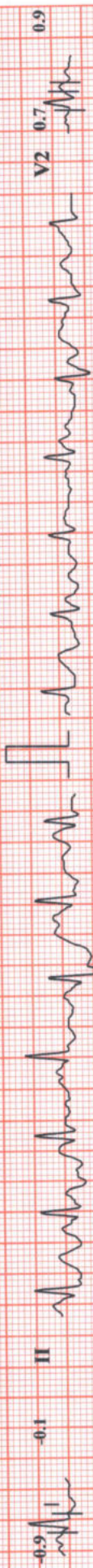
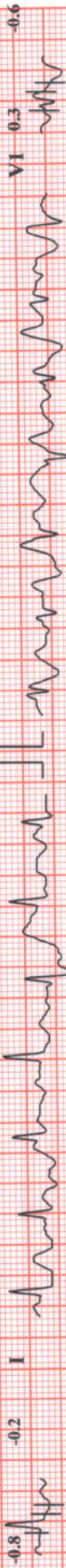


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiffrer Spandian CS-20 Version 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Exec Time: 0:06:00

Stage Time: 03:00

HR: 142 bpm

BP: 140/80 mmHg

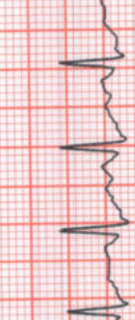
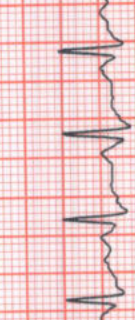
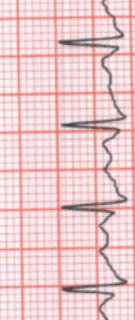
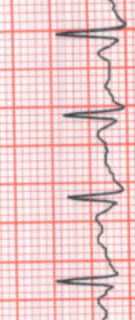
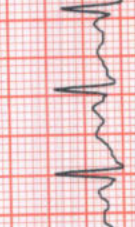
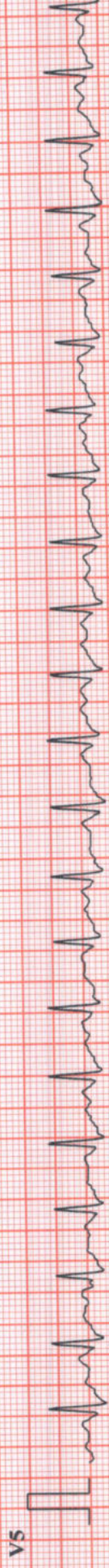
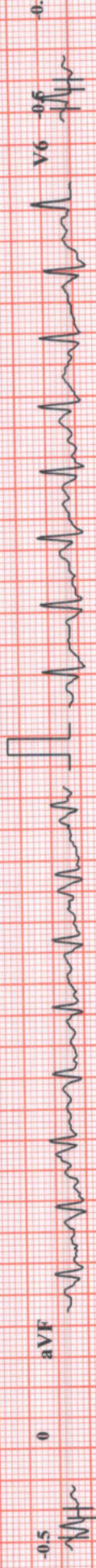
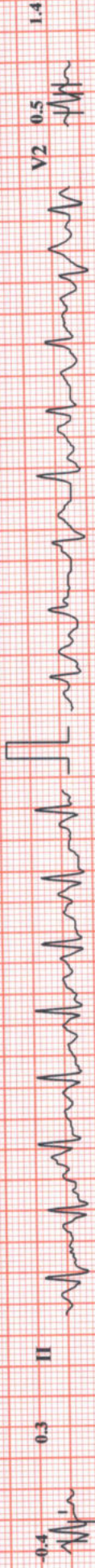
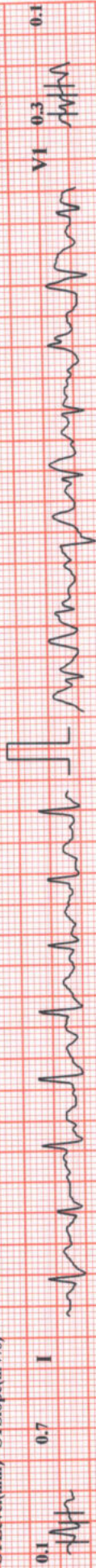
STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 156 bpm



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Exec Time : 0:07:02

Stage Time: 01:02

Slope: 14 %

THR: 156 bpm

HR: 157 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

-0.6

I

0.9



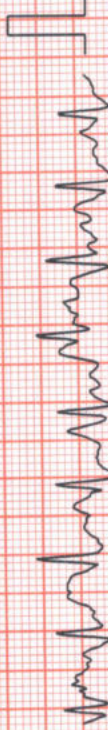
V1 0 -0.3



-1.7

II

-0.1



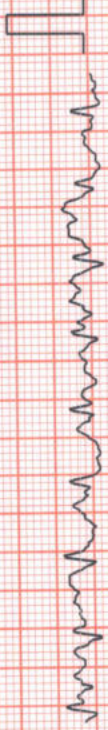
V2 -1.1 0.1



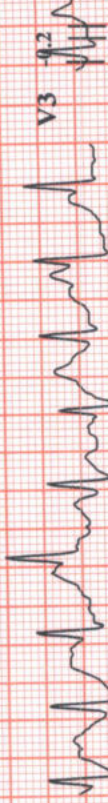
-1

III

-0.9



V3 0.2 0.6



1.5

aVR

-0.8



V4 -1.1 0.4



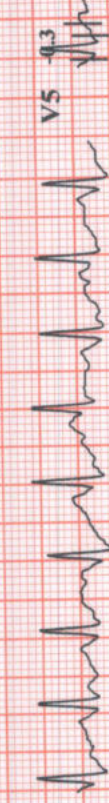
0.2

aVL

0.9



V5 0.3 0.2



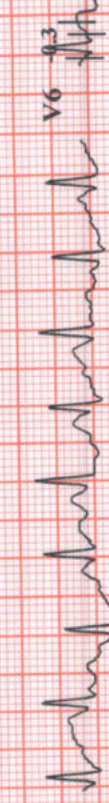
-1.4

aVF

-0.5



V6 0.3 0.1



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R -60 ms, J = R + 60 ms, Post J - J + 60 ms

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529
Stage: Recovery I

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 156 bpm

HR: 128 bpm

BP: 160/80 mmHg
STLevel(mm) STSlope(mV/s)

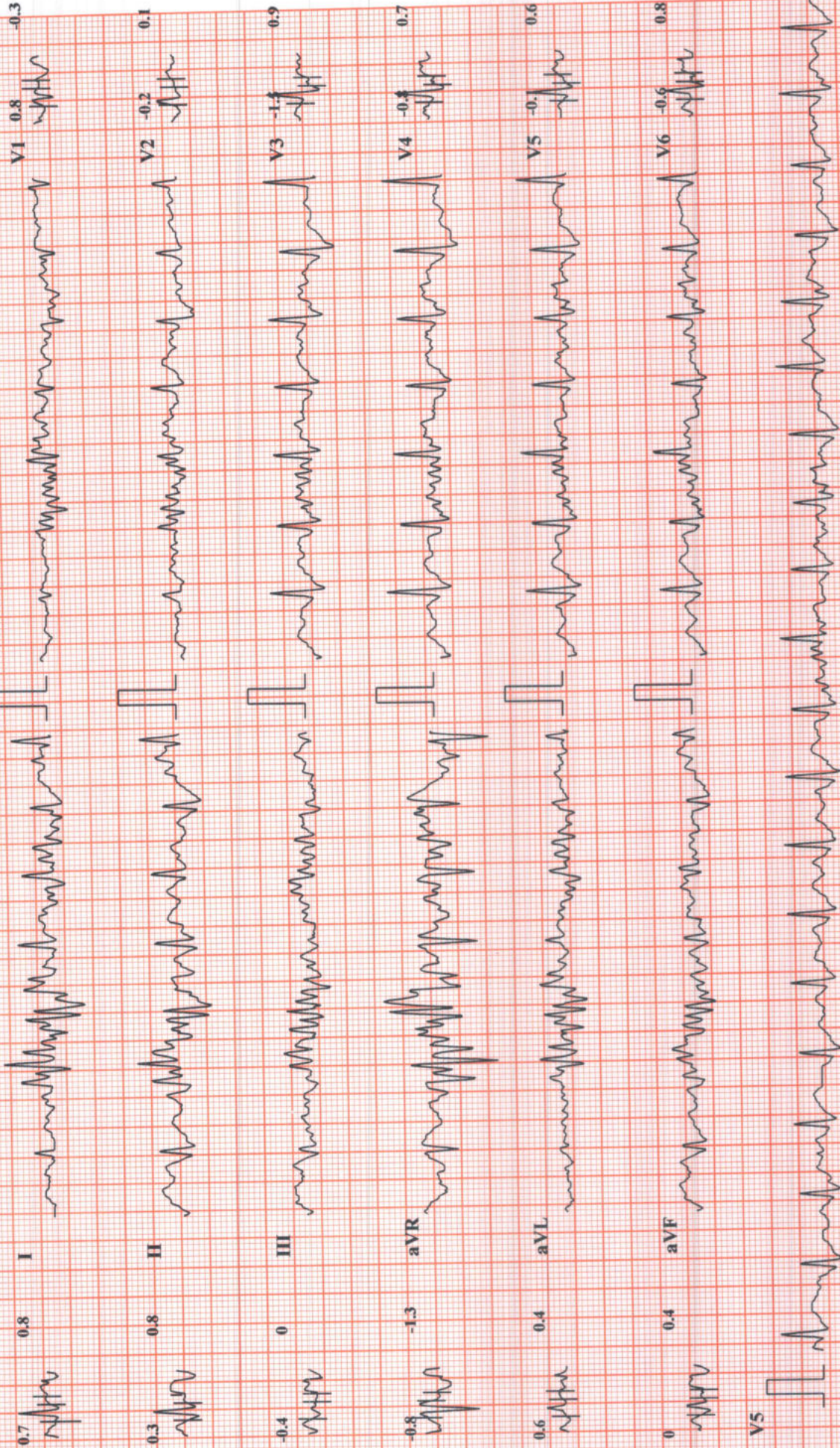


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandant CS-20 Version:2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Stage: Recovery2

Date: 15-01-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 00:19

THR: 156 bpm

HR: 116 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

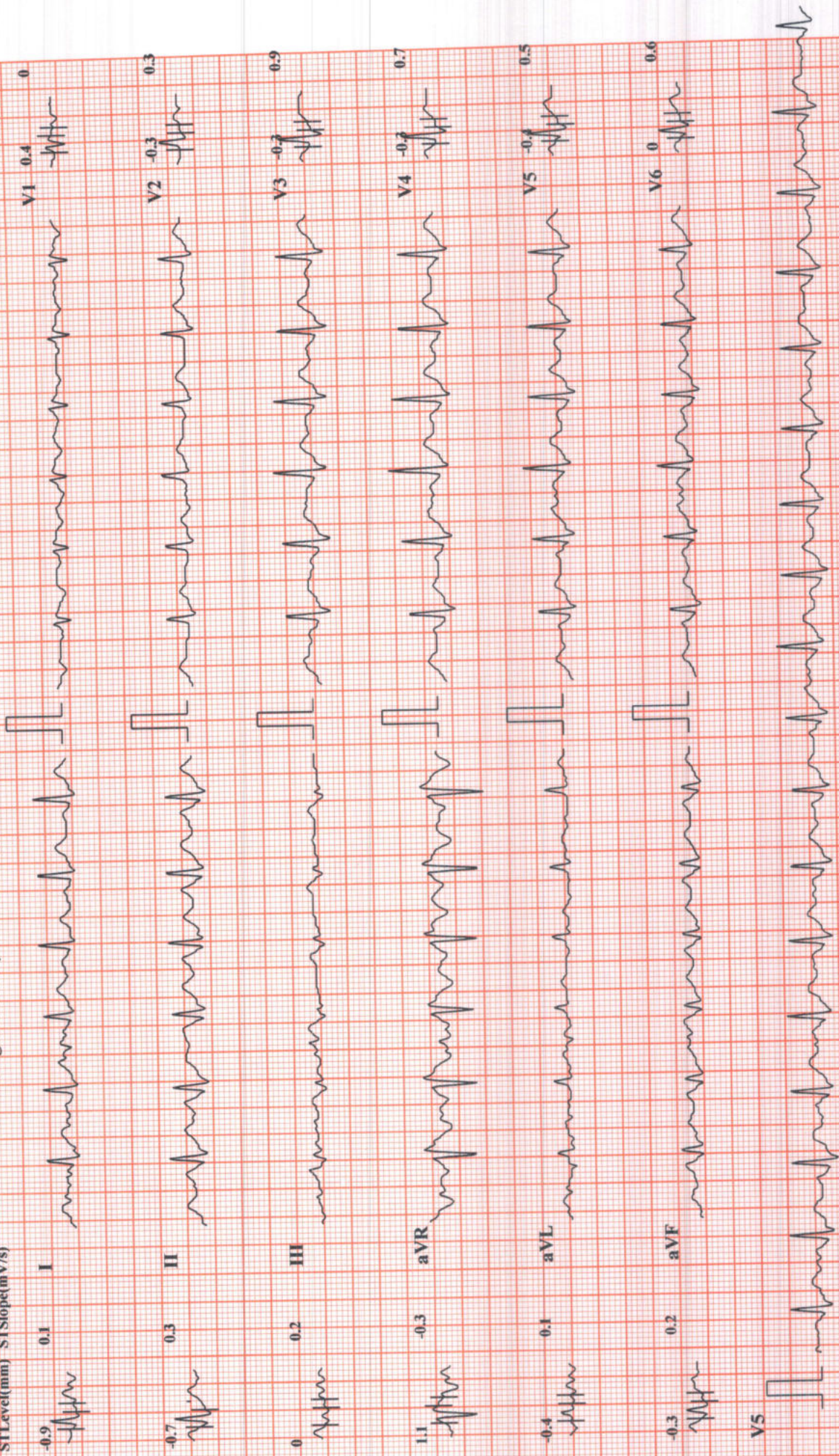


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pst J = J + 60 ms

Schiller Spandam CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Stage: Recovery2

Date: 15-01-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 156 bpm

HR: 100 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

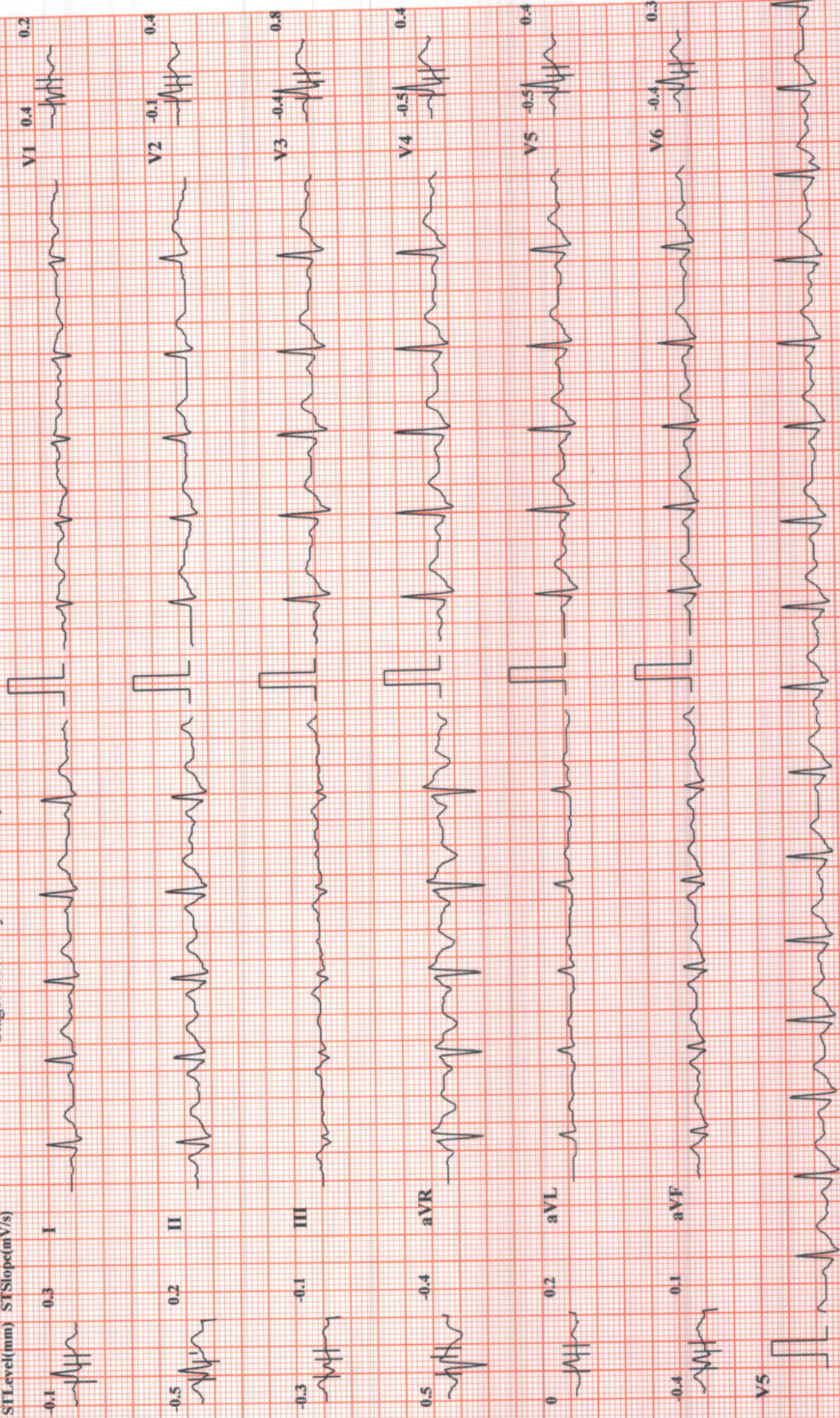


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60ms, J = R + 60ms, Post J = J + 60ms

Schiller Spandax CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Stage: Recovery3

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:31

THR: 156 bpm

HR: 104 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

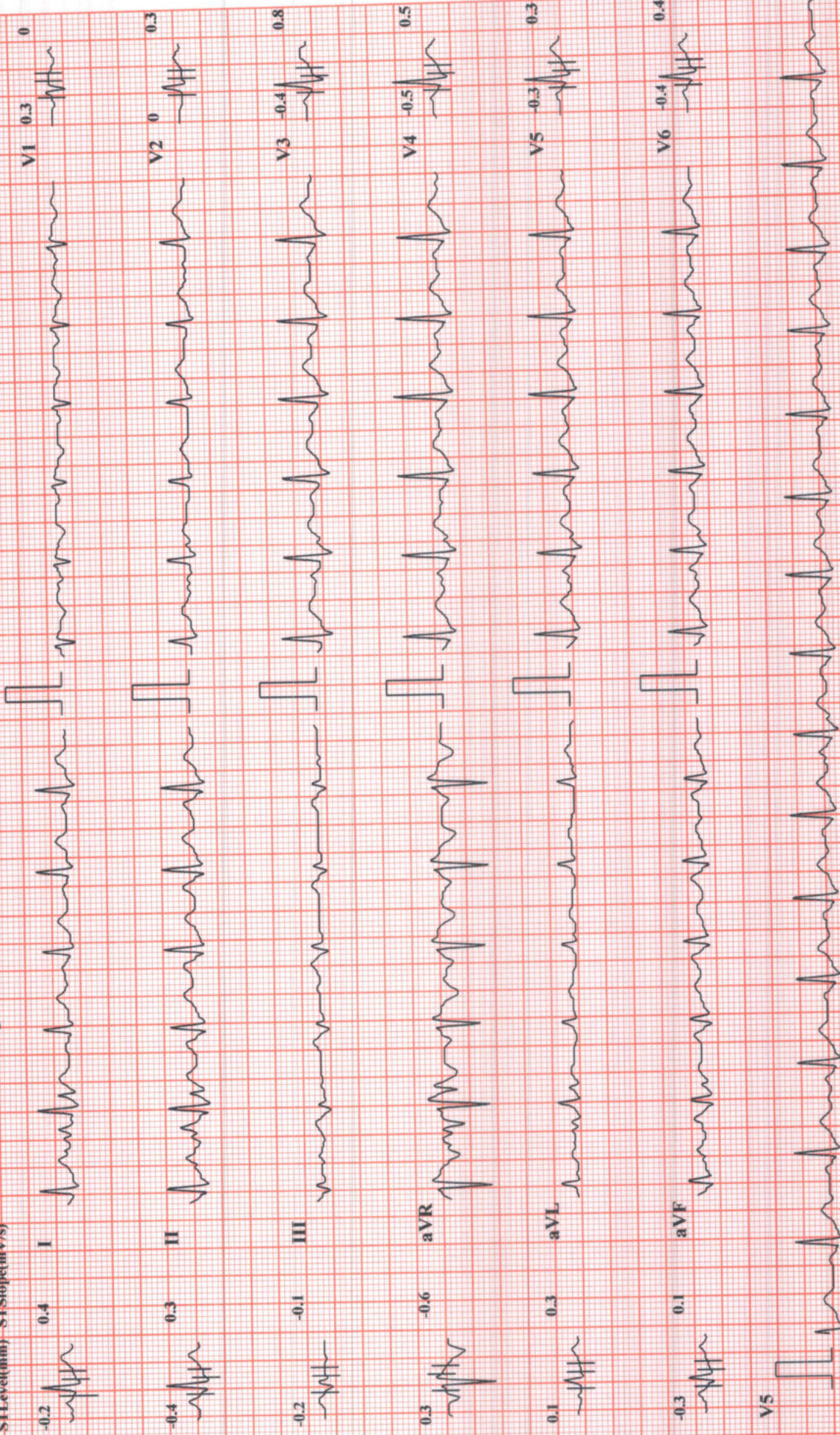


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandian CS-20 Version.2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Stage: Recovery3

Speed: 0 kmph

Exec Time : 00:00

Stage Time: 01:00

THR: 156 bpm

HR: 90 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

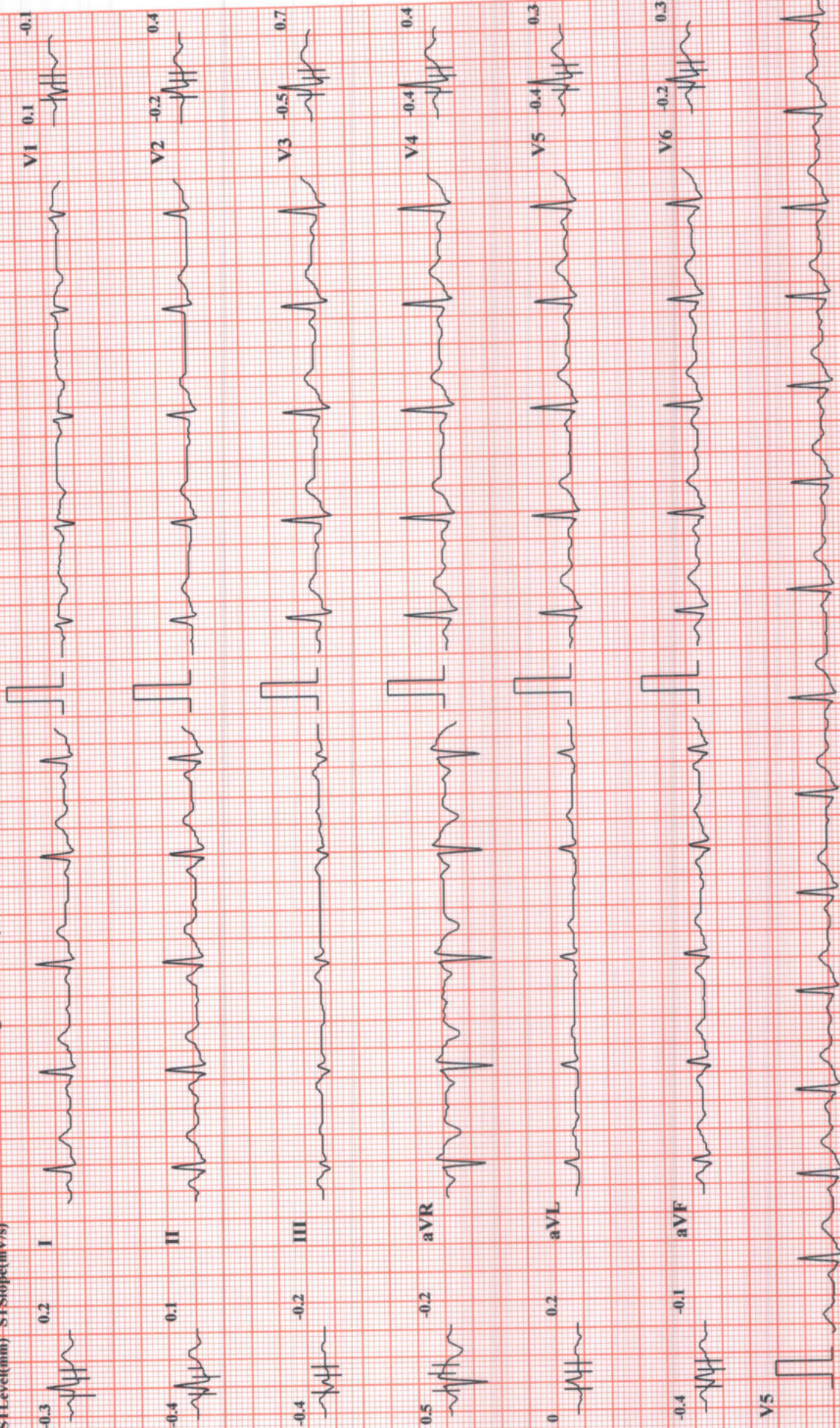


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Exec Time: 00:00

Stage Time: 00:22

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 156 bpm

HR: 89 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

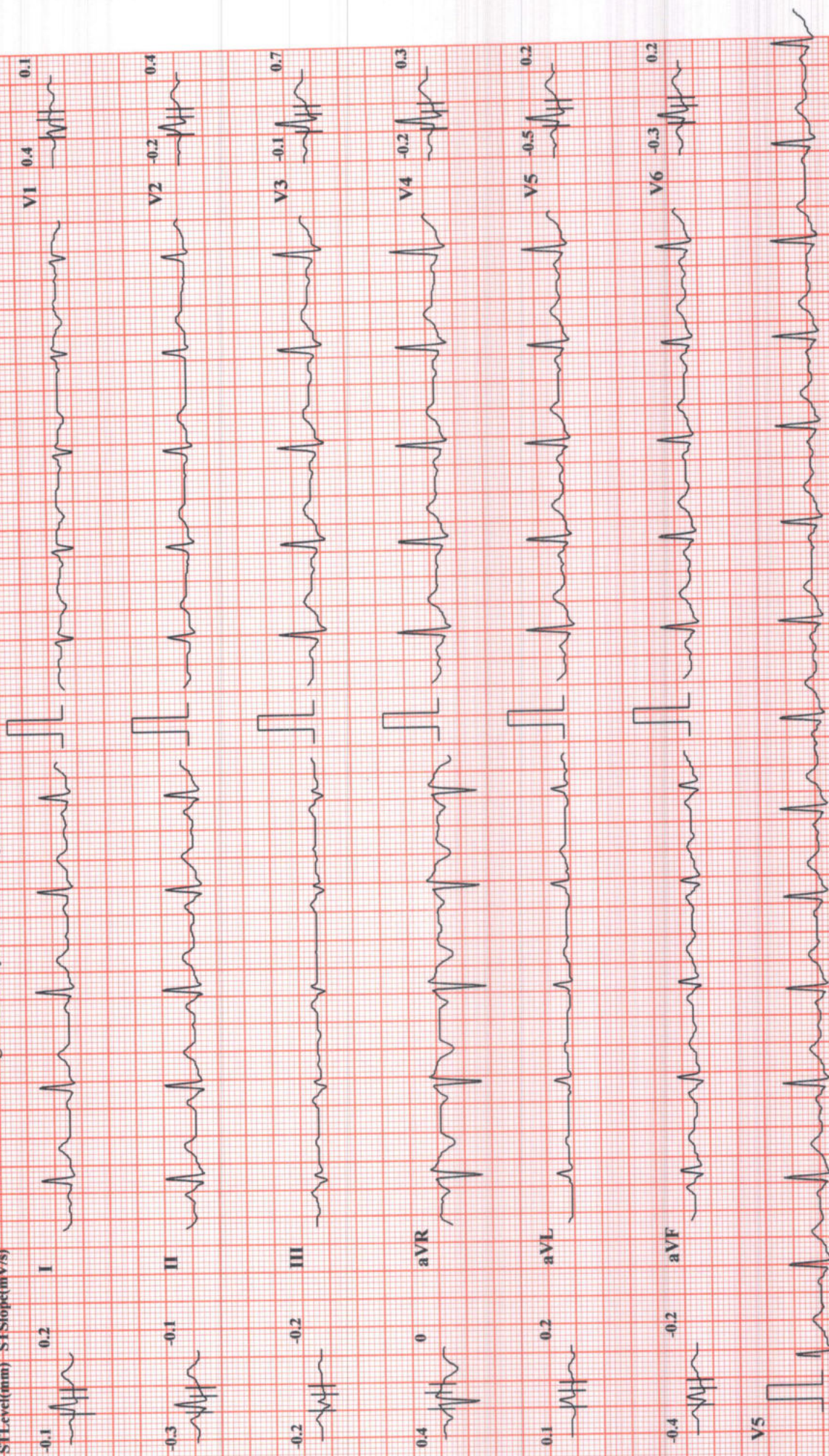


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 98 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Slope: 0 %

THR: 156 bpm

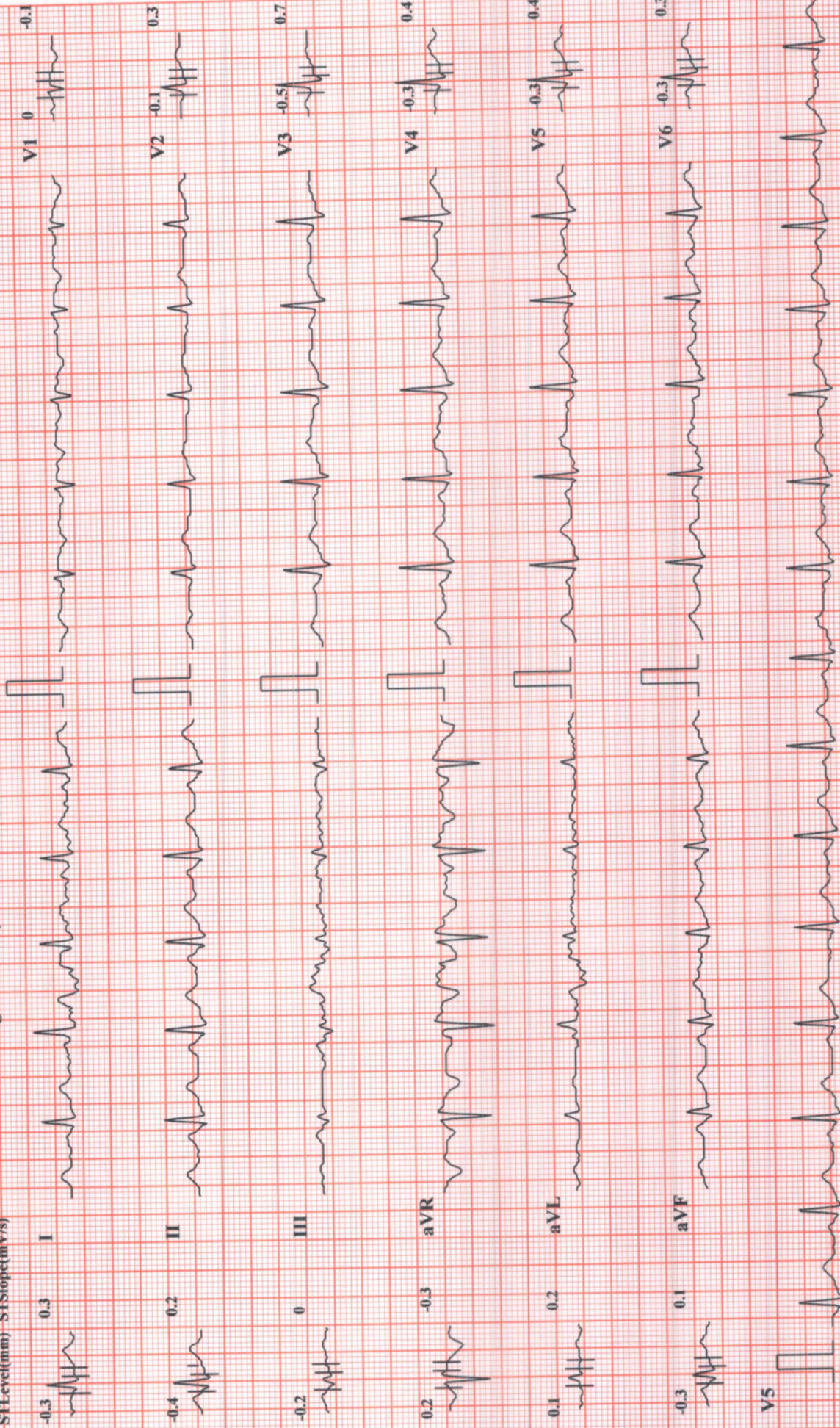


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandian CS-20 Version:2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PRIYANKA TAKSALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525529

Date: 15-01-2023

Exec Time: 00:00

Stage Time: 00:03

Stage: Recovery5

Speed: 0 kmph

Slope: 0 %

THR: 156 bpm

HR: 98 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

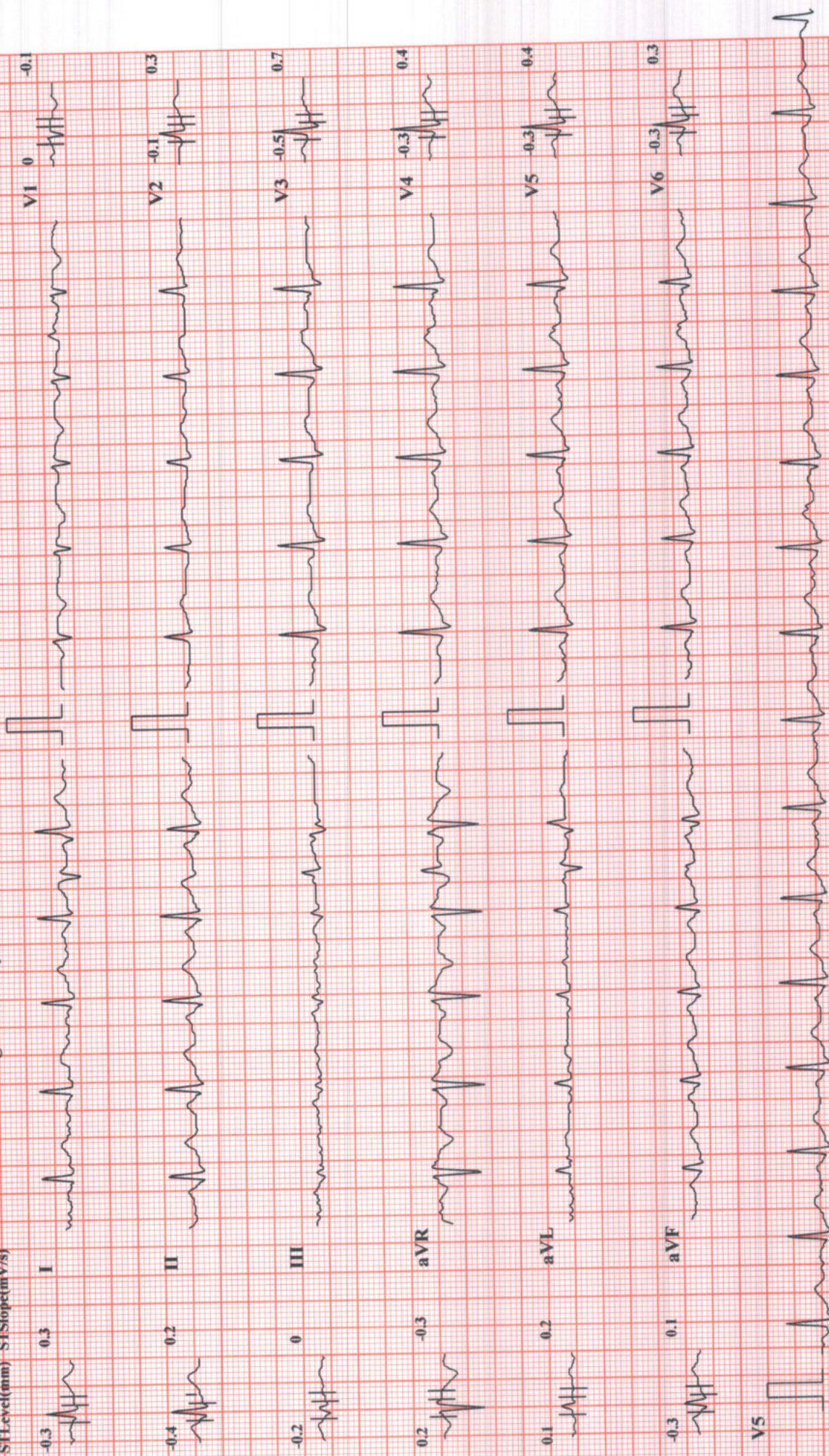


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms